HEALTH & DISEASE - MISCELLANEOUS DISEASES

1989
Measles: Parents urged to immunise

Staff Reporter

Steps should be taken to ensure all children aged nine months or more are immunised against measles as soon as possible, city Medical Officer of Health Dr Michael Popkiss has warned.

Commenting on the recent rash of cases — 40 last November as opposed to 14 in November 1997, Dr Popkiss said while this was not necessarily cause for panic it showed a "steady increase" in the incidence of the disease in the greater Cape Town area.

"Measles occurs in two cycles, one being over an annual period and another in a 12- to 18-month cycle."

It was therefore misleading to compare last November's figures with those of the year before.

"But the seasonal decline we were expecting hasn't started yet. We hope we'll soon see this year's peak falling off."

BE ON LOOK-OUT

Dr Popkiss said the past five years had seen a marked rise in the incidence of measles in Cape Town.

"This is partly due to increased migration to the city and partly a result of parents neglecting to have their children immunised."

He urged parents to be on the look-out for tell-tale signs of measles — such as irritability, constant crying, being off-colour and the development of fever and rashes.

"With some children complications can occur so it's best to catch the disease in the early stages — or better still, take steps to prevent it."

The age recommended by the World Health Organisation for immunisation against measles in a country like South Africa was nine months.

The weather

Cloudy and mild
The Deputy Minister of National Education

The Deputy Minister of National Education has been appointed to the position of Minister of National Education. The appointment is effective immediately and will take effect from March 1, 1999.

Next, the Deputy Minister of National Education will be responsible for the implementation of the government's educational policies and programs. The minister will work closely with the Ministry of Education to ensure that the educational system meets the needs of the students and the community.

The Deputy Minister of National Education will also be responsible for the development of new programs and initiatives to improve the quality of education in the country. This includes the implementation of new technologies and methods in the classroom.

The appointment of the Deputy Minister of National Education is a significant step forward for the education sector in the country. The government is committed to providing high-quality education to all students, and this appointment is a testament to that commitment.
Measles kills 1 000 a year in SA

By ANTHONY JOHNSON
Political Correspondent

MINISTER of Health Dr Willie van Niekerk suffered from an “obvious lack of understanding” of the devastating effect of measles in South Africa, PFP health spokesman Dr Marius Barnard said yesterday.

He was responding to Dr Van Niekerk’s statement to Parliament earlier this week that compulsory immunisation against measles “may be counterproductive and would virtually be unattainable.”

Dr Van Niekerk went on to say: “Persuasion is therefore better than compulsion.”

Dr Barnard said the minister’s lack of understanding of the problem was illustrated by the fact that more than 1,000 people in SA die each year of measles.

About 22,000 cases of measles were reported in South Africa in 1987 and an average of 14,000 cases each year for the last decade.

“After smallpox, measles is probably one of the most eradicable medical conditions, and in the Americas this eradication has nearly been achieved.

“The problem in South Africa, and the major reason why measles is such a frequent and serious condition, is that there is no overall policy to eradicate it.”

Dr Barnard said the PFP would fully support a committee of authorities with a target of 90-95% immunisation of all South Africans against measles by 1995.
Cape TB cases on increase — expert

Staff Reporter

The incidence of tuberculosis (TB) among coloured people in the Western Cape will continue to climb for several years despite large-scale action to improve living conditions and fight the disease.

The reason, said Department of Health and Population Development epidemiologist Dr Neil Cameron yesterday, is that TB has a lengthy incubation period which means that children who contracted primary symptoms 30 years ago might present with the disease only today.

About 16 000 more people in the Western Cape will be treated for TB this year — a figure 28% higher than in 1985 and rising.

Aggravating factors in the spread of the epidemic are socio-economic problems associated with urbanisation and overcrowding on the Cape Flats.

While the number of TB beds in Cape Town is expected to rise by 80% by the end of the coming financial year, experts believe this will contribute to only a small part of the solution.

Managements will be encouraged to strike a blow in the TB war by not discharging workers who are being treated with the disease as medication eliminates the danger of spreading infection.
Barnard hits
at Minister over measles

By Peter Fabricius,
Political Correspondent

CAPE TOWN — The Government's refusal to make measles immunisation compulsory has been criticised by Progressive Federal Party medical spokesman Dr Marius Barnard.

He said yesterday that Dr Willie van Niekerk, the Minister of National Health, had an “obvious lack of understanding of the devastating effect of measles in South Africa”.

Dr van Niekerk told Parliament this week that no compulsory immunisation was planned and “persuasion is better than compulsion”.

Dr Barnard said more than 1,000 people died every year from measles in South Africa.

An average of about 14,000 cases a year had been reported over the last decade.

“The PF would fully support a committee of authorities which sets a target that by 1998 there be a 90 to 95 percent immunisation of all South Africans against the disease,” Dr Barnard said.
Malaria is big killer — doctor

DURBAN — Malaria remains one of the biggest killers in Africa and the pre-occupation with finding a cure for AIDS must not be allowed to reduce spending on malaria research, Medical Research Council president Philip van Heerden said yesterday.

He told an audience of health professionals that more than a million African children died of malaria every year, and of the 300-million people annually infected by the disease, 90% were Africans.

Researchers were still working on a (malaria) vaccine but this might prove too expensive to help the Third World.

Van Heerden said: "We are emotionally carried away by AIDS at the moment. But we must allow our scarce financial resources to channelled into only one area."
Drug-resistant malaria on the increase in SA

Own Correspondent

DURBAN — Drug-resistant malaria appeared to have a firm foothold in South Africa, delegates at a symposium on the disease were told.

Mr. his opening address over the weekend, Dr Phillip van Heerden, president of the Medical Research Council said malaria was still rife in large parts of the country — in spite of extensive research into the disease.

"The malaria case rates seem to be increasing," he added. "Even in kwaZulu, for example, the prevalence has increased quite considerably over the last few years."

This was due to the tremendous number of people from neighbouring states, particularly Mozambique, who brought their infections with them.

Good rainfall and the increasing occurrence of drug-resistant malaria had also played a part.

Dr van Heerden said that according to the World Health Organisation, the disease was still claiming lives of more than one million children each year in Africa.

Of the 360 million people living in the world's tropical and sub-tropical zones who became infected annually with malaria for the first time, 90 percent were Africans.

"Researchers are working on a vaccine, but many specialists think that even if it could be proven effective, it would be too expensive to help the Third World," he said.

"Unfortunately, the malaria parasite knows all the tricks of the trade to confuse the body's immune system."

He said that in South Africa a substantial part of the country's health budget was spent annually on the control of malaria: "Research objectives should therefore be not only to find more effective methods of control or to improve the existing ones, but also to devise less expensive methods."

COLLABORATION NEEDED

He said the Medical Research Council was as concerned as the health authorities about the malaria situation and gave high priority to research on the disease.

"I believe we in South Africa have the manpower, facilities and the expertise and I am convinced we are capable of solving not only our problems with regard to malaria, we can also make a contributions to solving the malaria problem worldwide."

However, he added, it was vital that all those involved in the problem joined forces and collaborated.
HOUSE OF ASSEMBLY

QUESTIONS

20. Dr M S BARNARD asked the Minister of National Health and Population Development:

(a) Whether any wards in hospitals administered by the State are integrated; if so, how many in each specified hospital; if not, why not;

(b) Whether his Department intends to desegregate wards in State hospitals; if not, why not; if so, when;

(c) Whether any studies have been carried out into the cost implications of desegregating wards in State hospitals; if not, why not; if so, (a) when, (b) by whom and (c) what were the findings;

(d) Whether any wards in State hospitals are under-utilized; if so, (a) in which specified hospitals and (b) to what extent;

(e) Whether any wards in State hospitals are overcrowded; if so, (a) in which specified hospitals and (b) to what extent?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The honourable member is referred to my written reply to Question 404 on 30 March 1988.

Typhoid: cases reported

176. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) cases of and (b) deaths from typhoid were reported in respect of each race group in each province in 1988?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

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Cholera: cases reported

176. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province in 1988?

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Above-mentioned cholera cases reported, were not bacteriologically proven. There were no bacteriologically proven cases of Cholera in South Africa in 1988. No cases reported regarding other race groups.

(b) None.
### Table: National Education Commission

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### Question

1. What is the role of the National Education Commission?
2. Who are the members of the Commission?
3. When was the Commission established?
4. What is the significance of the Commission's work?

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### National Education Commission

The National Education Commission is responsible for overseeing the education system in the country. It ensures that the educational policies are aligned with the national goals and objectives. The Commission consists of five members, each appointed for a term of five years. The Commission's role includes:

- Developing educational policies
- Monitoring the implementation of educational programs
- Evaluating the educational outcomes
- Providing recommendations for improvements

The Commission meets on a biannual basis to discuss and make decisions on educational matters.
Quarry workers health shock

THE Community Health Awareness Project conducted two free health clinics for scores of people in different areas at the weekend.

One clinic was conducted in KwaThema township in the East Rand, while the other was held at Mmakau near Pretoria.

Projects co-ordinator for CHAP, Dr Oupa Mpe, said more than 100 patients were treated for various ailments in KwaThema.

Thereafter, a lecture on preventive medicine was delivered by the medical team.

Emphasis was placed on how women can detect early symptoms of breast cancer. Dr Mpe said all patients were examined for high blood pressure, diabetes and breast lumps.

In Mmakau, one of the doctors who treated close to 64 patients, Dr Gomolemo Mokae, said most of those he examined were found to have chronic chest problems.

This resulted from their work at a quarry where they inhaled silica dust emitted by rocks they crushed. The workers went on to develop silicosis, he added.

CHAP said other free health clinics would be conducted soon.
Trials held up by meningitis scare

DANIEL SIMON

An outbreak of meningitis at Diepkloof prison forced authorities to cancel the scheduled court appearances of 97 prisoners yesterday, the prison services said.

This is the second outbreak of the disease at the prison's Medium A section since August, when hundreds of trials were postponed for nearly a week because of one case.

Prison Service spokesman Maj Dave Smith confirmed that two cases of meningitis were diagnosed at the prison on Wednesday and that immediate precautionary measures were implemented to prevent a spread.

He said C block in Medium A prison was placed under quarantine by the Department of National Health and that no visits would be allowed for the foreseeable future. He did not know how many prisoners were held in Medium A or how long the quarantine would last.

Smith added that one prisoner was being treated at Baragwanath Hospital and the other at Hillbrow Hospital.

A Rand Supreme Court employee yesterday said four murder trials involving seven accused was postponed because of the outbreak.
Huge rise in number of cases of hepatitis B

By Helen Grange

The incidence of hepatitis B (HB), a contagious liver disease, has risen dramatically in southern Africa over the past eight years.

Figures quoted by Dr H J Steyn, Deputy Director-General of National Health Planning, show that incidence of the disease rose from 0.04 per 100,000 people in 1980 to 1.11 per 100,000 last year.

Dr Steyn said there were about 2 million carriers of the HB virus in the region, of whom about 20,000 died annually from the disease.

It is estimated that 5 percent of the world's population are carriers.

Dr Steyn said the apparent lack of impact of the HB vaccine on the incidence of Hepatitis B is attributable to the high cost of the vaccine. In addition, the majority of acute Hepatitis B cases occur in homosexual men, intravenous drug abusers and people acquiring disease through heterosexual exposure.

"None of these groups is being reached effectively by current HB vaccine programmes," Dr Steyn said.

Less than 10 percent of reported cases occurred among health-care workers.

"Increased efforts must be made to extend HB immunisation programmes beyond the current levels to all high-risk groups.

"These include health-care workers exposed to blood or needle pricks, inmates or the staff of institutions for the disabled, homosexually active men, illicit intravenous drug users, people exposed to HB virus carriers and travellers to HB virus endemic areas."

Black rhino killings on the increase

Own Correspondent

CAPE TOWN — Several black rhino were killed in the Etosha National Park last week and Namibian conservationists believe poachers could be taking advantage of the administration's heavy involvement in the independence proceedings.

More of the threatened black rhino have been killed in northern Damaraland this year, and "crisis management" techniques — including dehorning and large-scale relocation — are being considered to save the species.

This has emerged from discussions between Namibian authorities and members of the "Namibia Trek" — three women and nine men who are hiking 750 km through the territory to raise funds for conservation there, in association with the Rhino and Elephant Foundation.

The hikers have completed about three quarters of their journey.

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SA warned of hepatitis virus

THE number of cases in SA of the highly infectious and often fatal virus, hepatitis B, was rising alarmingly and there could be as many as two-million carriers in SA and its homelands, 40% of whom could die from the disease.

Professor of medicine at Johannesburg Hospital Michael Kew said this yesterday at a mass immunisation of more than 200 employees of multinational Smith, Kline and French, developers and producers of a hepatitis B vaccine, outside Johannesburg.

Kew said the virus often caused permanently damaging liver cirrhosis or liver cancer which led to death, usually within weeks, or cirrhosis which permanently damaged the liver. Even where people did recover, this could often take years.

The virus was 10 times more infectious than the AIDS virus, he added.

As with AIDS, the most important transmission was by blood and, thus, the high risk groups were largely the same — homosexual men, intravenous drug users, medical personnel and young children whose parents were carriers.

Tested

It can also be passed on by heterosexual contact,

Kew said children who contracted the virus remained carriers, without showing symptoms, their whole lives and added significantly to the already huge pool of carriers.

Blood donations had been tested for the virus for many years, he said.

He added that there was no connection between this virus and the Hepatitis A virus which was more common and curable.

Deputy director-general of the National Health Department Dr Hans Steyn said there were 400 reported cases of Hepatitis B in SA last year.

The number has risen from 0.04 per 100 000 people in 1980 to 1.1 in 1988.

Steyn said because of the high cost of the vaccine — between R35 and R40 — none of the high risk groups had yet been effectively reached by immunisation programmes.

He said only 10% of affected people were medical workers.
Skin cancer prevalent in SA

By Toni Younghusband,
Medical Reporter

Skin cancer is by far the most prevalent form of cancer among men and women in South Africa, the country's first national cancer registry has shown.

Figures for 1986 show there were more than 9 000 recorded cases of skin cancer among males and females. Most sufferers were white males.

Cervical cancer was of particular concern among black females, of whom there were more than 2 200 sufferers.

Black males showed a high incidence of cancer of the oesophagus.

The cancer registry, the first of its kind in the country, recorded more than 36 000 cancer diagnoses for 1986.

The information contained in the registry comes from pathology laboratories in both the public and private sector and was released to the medical profession late last year.

The least dangerous form of skin cancer — basal cell which is sun-related — accounted for the majority of skin cancer reports in this country, but the most dangerous form — melanoma — showed a high incidence among women.

President of the National Cancer Association, Professor J D Anderson, said the registry was a major breakthrough in combating cancer.
Smoking blamed for huge Groote Schuur intake

Staff Reporter

Almost half the patients at Groote Schuur Hospital got there because of smoking, according to an editorial in the latest South African Medical Journal.

In an edition carrying several articles on the costs — physical and financial — of smoking, the editorial calls on doctors to be in the forefront of the fight against the habit.

Smoking-related diseases are the single most avoidable cause of mortality in this country, says an article.

In an article on the economic effects of smoking, Dr S P Taylor and Mr D E McIntyre of UCT's department of community health said the available information suggested that the costs of the tobacco industry to society at present, and particularly in the future, outweighed the economic benefits.

The conservatively estimated costs of smoking to South Africa in terms of health care and lost productivity in 1983 were between R392,3-million and R395,9-million — more than the entire budget of the Natal Hospitals Service in the same year.

Smoking costs money in terms of health care, productivity losses, the actual price of the tobacco, disability grants, fire hazards (to both property and to forests), the health costs of passive smoking, implementation of legislation and anti-smoking campaigns.

A total ban on smoking would mean more money would have to be spent on pensions (because people would be likely to live longer), increased health costs in geriatric care, loss of excise duty, dislocation costs of changing crops, manufacturing plants, and the costs associated with increased obesity.

Another editorial suggests it is time to ban all tobacco advertising — in 1987 R55-million, or five percent of all advertising expenditure in South Africa — was spent on tobacco advertising.

Studies showed "an alarming" 86,3 percent of all cinema advertising came from tobacco and associated products.

"Despite the tobacco industry's denials that they encourage children to smoke, its targeting of cinema advertising suggest this is clearly the case."

The editorial suggested excise tax on cigarettes be increased by 25 percent to offset a loss of revenue to the media, and this money would be used to fund advertising promoting health.

The editorial also suggests the price of cigarettes be linked to the consumer price index (CPI).

In a study on smoking habits in Langa, Khayelitsha's Site B and the more settled areas of Khayelitsha, researchers from the Centre for Epidemiological Research at Parow found that 59 percent of men and seven percent of women smoked, while 23 percent of boys in three schools also smoked. All preferred manufactured cigarettes.
ME sufferer can't cope with calls

Staff Reporter

A woman suffering from the debilitating disease ME (Myalgic Encephalomyelitis), has been inundated with calls for advice after the plight of ME sufferers was publicized in Sunday's Sunday Star magazine, this weekend.

However, given the ravages of the disease, sufferers cannot cope with calls from the public despite the desperate need to combat ignorance of the illness.

A spokesman for a local ME awareness group has appealed to the public to write to either of two support groups, using stamped, self-addressed envelopes, should they wish to make inquiries. The ME sufferers manning the support groups say they simply cannot afford stamps and envelopes. ME has ravaged their finances.

There are at least 6 000 ME sufferers in South Africa, and numbers are growing, according to the two local ME support groups.

The disease, which was once dubbed "yuppie flu", can affect anyone. It is not restricted to young urban professionals.

A primary symptom of the disease, chronic exhaustion, makes it difficult for ME sufferers working in the support groups to cope with apparently simple tasks.

Among their many tasks, the groups try to help ME sufferers who have found themselves destitute due to the symptoms of the illness, which include acute fatique, memory loss, and a severe sense of panic.

The spokesman said any kind of assistance for the two local ME support groups would be welcomed.

For more information or to render assistance, contact The ME Awareness Group, P O Box 8735, Houghton, 2041 or The ME Society of South Africa, 18 Oakley Drive, Howick.
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The Minister of National Health and Population Development

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The Minister of National Health and Population Development
31 fatal heart attacks daily

High death rate due to 'pig-like living'

By Winnie Graham

Thirty-one people died of heart attacks in South Africa each day, Dr Marius Barnard, the heart surgeon, said at Sun City this week.

Speaking at Convention 89, a conference organised by a direct selling organisation, he estimated 45,000 people in South Africa would have a coronary thrombosis this year. About 11,000 would die of heart-related diseases.

He estimated there would be 70,000 new cancer cases this year, of whom 6,5 percent would die.

Science had made enormous strides in preventive medicine since the turn of the century and had literally taken people “from the grave”. People, however, were not looking after themselves.

Man had become a walking disaster because he had started “living like a pig”.

In 1900 heart attacks were responsible for 8 percent of all deaths. This figure had grown to 48 percent in the eighties. Then, cancer killed 3.7 percent of the population. Today it kills 20.9 percent.

“Humans must be the only mammals which continue to provide milk in their diet after weaning. They gut all the chops and boerewors they want when a piece of fish would be so much better for them.

“And, worst of all, there is too much smoking. Smoking causes heart disease, cancer, baldness, ingrown toenails — everything possible that is bad for you.”

He described it as the biggest health hazard in the world.
ME sufferers seek recognition

Medical Reporter

Sufferers of the mysterious ailment, Myalgic Encephalomyelitis (ME), have established a national research foundation in an attempt to gain professional medical recognition of the illness.

The administrative director of the National Institute for Virology, Dr Alan Smith, has been elected president of the ME foundation and a panel of concerned doctors will serve on the committee.

Dr Smith was one of the first among the medical profession to research the illness.

The disease has gained widespread recognition in Britain and America but most South African doctors regard it as nothing more than "neurotic nonsense".

It is not known how many ME sufferers there are in this country but it is believed there are hundreds.

Symptoms of the illness, which usually follows a viral infection and can last for many years, include extreme fatigue, loss of memory, eye-sight difficulties and muscle weakness.

A member said the foundation was established with the chief aim of collecting funds for further research and to send Dr Smith to an international ME congress in Cambridge next year.

The foundation also hopes to assist ME sufferers by providing them with a list of sympathetic doctors and information obtained from all over the world.

Anyone interested in more information can send a self-addressed stamped envelope to the National ME Research Foundation, P O Box 73371, Parkview 2112. Please include a telephone number if possible.
Soweto clinics stop cervical cancer tests

BY THANDEKA GOUBULE
SOWETO health authorities have withdrawn the Pap smear — the only test for cervical cancer, one of the biggest killers of black South African women.

A paper delivered at the conference of the National Medical and Dental Association (Nanda) this week said that municipal health structures in Soweto, such as clinics, no longer offered the test.

According to Nanda’s Dr Helen Randeira, a screening scheme was set up in 1984, but was closed this year because it was under-utilised.

Randeira pointed out that there had been no accompanying programme to educate the community on the vital importance of the Pap smear.

She added that Baragwanath Hospital provided the test only on request. As a result, Soweto had the lowest level of testing of any major centre in the country, despite its high population density.

Commenting that this was a direct consequence of the “apartheid health system”, she said the situation was aggravated by a shortage of cancer specialists for black patients.

The public relations department at Baragwanath denied the allegations, claiming that many Pap smears were done at the hospital. But the spokesman confirmed that the test was no longer performed at local clinics.

The Pap smear is particularly important because it makes it possible to detect cancer at a pre-malignant stage. It can then be more easily treated.

According to Nanda doctors, cancer of the cervix is the most common form of the disease among black South African women, and the fourth most common form of cancer among white women. They stress, however, that it is difficult to determine the true mortality rate from the disease, as many black people suffering from the disease in its advanced stages are sent back to the homelands.

They point out that homeland mortality figures are not included in official South African statistics.

In their paper, the doctors say: “If we look at all these figures, we see that there is a four to six percent abnormality in the screened population. However very few people are being screened and ... the wrong people are being screened.”
BALANCE OF LIFE... One-year-old Vuyiswa is weighed by Sister Miriam Gekisani at the new Shawco nutrition clinic at Nyanga. Looking on is her mother Mrs Nothandekilil Ngalo. Picture: ANNE LANG

Staff Reporter
MALNUTRITION on the Cape Flats is turning normal childhood diseases into killers.

Measles, which is common among children and easily treatable, is taking its death toll because emaciated children’s bodies have no resistance, says Dr Trudy Thomas of the Child Health Unit at the University of Cape Town.

About 40 children are being treated at a nutrition clinic recently opened by Shawco in Nyanga, and that figure is believed to be the tip of the iceberg. One 11-month-old baby is blind, also possibly because of malnutrition.

According to Sister Miriam Gekisani, who runs the clinic, the major problem is to make people aware of the clinic’s existence. “We had to go to the people and find mothers with malnourished children to persuade them to come for help,” she said.

Dr Thomas, who says that there are no real statistics for the area, believes that there are many cases of severely malnourished children who “never” have medical help.

She says that it is impossible to keep track of people because of the shifting and temporary nature of the population.

Shawco, which gives out 25 000 meals daily at schools on the Cape Flats, is battling to keep up with inflation and the expanding population. Costs are rising all the time and it is becoming more difficult for people to give to charity, according to the student president, Mr Graham Herbert.
Margarine backing of TV heart series stirs major row

OWN CORRESPONDENT
A retired professor from Medunsa is infuriated because a health programme which SABC ran recently was sponsored by a margarine firm.

DURBAN — The heart attack series shown on SABC's "Good Morning South Africa" programme was sponsored by a margarine manufacturer and this type of endorsement infuriates Professor Jack Booyens, recently retired head of the physiology department at the Medical University of Southern Africa (Medunsa).

While at the university, Professor Booyens did research into the effects of various Western dietary ingredients and came to the conclusion that, rather than helping in the prevention of coronary diseases, margarines high in unsaturated fatty acids actually promoted heart attacks.

In short, he says margarine is bad for you.

There is a body of scientific opinion which supports Professor Booyens, and also a weighty body which disagrees.

So annoyed was Professor Booyens by what he describes as the "perpetuation of gross misinformation" about the healthy effects of margarine, that he has decided to speak for the first time outside the confines of the specialised medical profession about his research findings.

Heavy smoker

Professor Booyens, incidentally, smokes cigarettes heavily, but he does not eat margarine.

When he had a paper published on the harmful effects of unsaturated fatty acids in the international Medical Hypotheses Journal last year, it caused an international stir.

He had generally assumed that, rather than causing heart problems, polyunsaturated fats in margarine contributed to a lowering of the incidence of heart disease.

But his paper set out to show that the opposite was true, and that margarine possibly increased the incidence of coronary heart disease.

Requests for more detail flooded in from around the world. They came from Spain, Britain, the United States, Czechoslovakia, Poland, Japan, Cuba, Bulgaria, Germany, Russia and Canada — including such august bodics as the Mayo Clinic, the US Environmental Protection Agency, and the National Cardiology Research Centre in Moscow.

The essence of Professor Booyens's research (conducted together with Mr C Lourens, also from Medunsa, and Dr I E Katzeff of the University of the Witwatersrand) was that passing hydrogen through natural vegetable oils to make margarine creates a large quantity of unnatural "weird" substances — for example, "trans" fatty acids — substances which Professor Booyens claims are harmful to man.

And, citing earlier research into infant deaths, he says pregnant mothers can pass on coronary artery disease to the unborn children, a view which suggests that women with high consumptions of the "weird" substances in margarine can permanently affect the health of their babies.

Professor Booyens also notes that there has been research done which links the "trans" fatty acids to cancer, and yet, in spite of the suggested detrimental effects of this substance, "very little is known about the amounts consumed by our population".

But he says the public is being subjected increasingly to "health type" advertising campaigns by margarine companies, and what he calls the "outdated" thinking of some sectors of the medical profession. These factors are increasing rather than decreasing the risk of heart disease.

Professor Booyens's findings are strongly supported by Dr Wayne Martin of the United States, who, also in a paper published in the Medical Hypotheses Journal, said "orthodox medicine is fostering a principle cause of myocardial infarction (heart attacks)" by supporting the consumption of margarine over butter.

He notes that the US diet in 1920 was rich in cholesterol and fat, yet in that year "death from myocardial infarction (MI) was so rare that it had no name or recognition".

But in 1920 a "new, unnatural dietary fatty acid" was introduced in margarine. This, he claims, produces blood clots.

Since that time, MI-related deaths have soared and "orthodox medicine" has attributed the deaths to cholesterol and saturated animal fat rather than to what he says is the true culprit: the "trans" unsaturated fatty acids which are found in margarine.

Finding challenged

A spokeswoman for Unilever, whose subsidiary, Van den Bergh and Jurgens, is South Africa's largest margarine producer (Flora, Rama, Stork, Country Spread) said it was aware of Professor Booyens's claims, and they "could not be taken seriously".

She also questioned acceptability of the Medical Hypotheses Journal as a serious publication.

"He would not get his paper published in an accepted medical journal," she said.

She added that the journal was not refereed independently.

"It was founded, and is edited and published by Dr Horrobin, head of the Efamol Research Institute, which is associated with Oils Of Evening Primrose. These capsules are marketed internationally as a remedy for many illnesses, including cholesterol control."

She also noted that several years ago the then chairman of the scientific committee of the Heart Foundation stated that the paper by Professor Booyens — which had been "rejected by the South African Medical Journal" — was "biased and speculative".
Malaria risk despite cold

Winter holidaymakers heading for the lowveld need to take malaria precautions despite the cold weather, Dr Celia Young, medical adviser to a pharmaceutical company, has warned.

"Although the mosquito challenge is lower in winter, only one bite by a malaria-infected mosquito is necessary to contract the disease," she said.

Dr Young said malaria was always present in endemic areas such as the eastern Transvaal lowveld, the northern Transvaal and northern Zululand.

She advised holidaymakers to take two anti-malarial tablets before leaving, two tablets once a week while in the malarial area, and two tablets once a week for four weeks after returning.

"This regimen is very important as it is possible to develop malaria up to four weeks after having been bitten," said Dr Young.
"Flu bug" is not flu at all, say doctors

Contagious infection can lead to pneumonia

The "flu bug" sweeping Johannesburg may not be flu at all, according to health experts.

Johannesburg's Acting Medical Officer of Health, Dr Nicky Padayachee, says city health clinics and general practitioners have reported quite a number of cases of upper respiratory tract infection in recent weeks.

Symptoms include a sore throat followed by laryngitis, an infection of the pharynx and, if not treated, pneumonia.

"I would advise anyone who has these symptoms to see their doctor as soon as possible.

Malaise

"Untreated, these people could develop pneumonia," Dr Padayachee said.

He said the virus differed from flu in that flu symptoms included muscle aches and pains, a runny nose and a general malaise.

"You can also be vaccinated against flu but there is no vaccine for upper respiratory tract viruses," he said.

Professor Barry Schoub, head of the National Institute of Virology, said relatively few cases of flu had been identified in Johannesburg this winter.

He said upper respiratory tract infections were quite common at this time of year.
at UCT

FIRST WORLD

BY MALCOLM KRIED

HEAD TO READ...
Flu virus sweeps Natal

MORE than 100 patients and staff a day are being treated at Northdale Hospital in Maritzburg and at least three patients hospitalised each day for a virulent strain of influenza that is sweeping Natal.

The superintendent of the hospital, Dr Lal Dwarkapersad, said the strain of flu, identified as Taiwan, started to show up at the hospital from about June 13, and that 25 percent of the patients have been children.

"We thought the number of patients would start to ease off from August 4, but there seems to be a relapse and we are back to treating about 100 patients a day," said Dwarkapersad. - Sapa.
Flu strikes Natal

Medical Reporter

The wave of A/Taiwan flu sweeping across the country has struck Natal, laying off hundreds of factory workers and municipal employees.

At least 10 percent of deaths from natural causes in Maritzburg last month were blamed on flu-related complications. At Addington Hospital in Durban, 60 nurses have been booked off.

In some factories entire shifts have had to be cancelled. School have postponed rugby and hockey matches.

Employee absenteeism has risen quite steeply in the Cape but in the Transvaal and Free State the virus has proved less virulent.

Factories and businesses in and around Johannesburg report no more than the usual winter ailments among staff.

Doctors believe many people may be confusing the flu with upper respiratory tract infections.

See Page 13.
No prevention, no cure for mystery ME disease

Two years ago The Star interviewed a young university graduate claiming to have ME. A previously active, outgoing woman in her 20s, she was unable to spend more than a few hours a day out of bed. She could not find a single doctor to treat her although each time she made an appointment to see one she took along copies of lengthy medical articles on ME published in Britain and the US.

Her story prompted a flood of calls from fellow sufferers desperate to find medical help.

Dr Alan Smith, of the National Institute of Virology, sat up and took notice. Last year he opened an ME clinic and to date has had 140 patients.

His research has provided a number of clues to the mystery illness but there is still no prevention and no cure.

"I think that most people are coming around to the idea that it is not a specific virus that causes ME but a number of them."

Never gets well

It can affect any age group and people of any social status. A mother is treating a mother and child, a husband and wife, academics and housewives.

ME usually follows an identifiable viral illness of some sort. The sufferer just never gets well.

A Johannesburg mother of two believes she has had ME for four years. "It started when our whole family came down with a tummy bug. A week later I contracted a cold and never really got well again. Doctors first called it echo flu and to date I haven't found a single one who can tell me what's really wrong with me. However, knowing the symptoms, I am convinced I have ME," she says.

She was extremely fit, running 10 km a day, at the time of contracting the illness and persisted exercising even after she fell ill, not knowing that this was the worst thing to do.

ME patients suffer extreme fatigue, depression, memory loss, eyesight disturbances, aching muscles and in some cases bizarre nightmares.

Dr Smith has a patient, an academic, who struggles to walk up the one flight of stairs to his office each day. Another patient cannot stand the noise in her husband's briefcase makes when he snaps it open and a university professor is suffering extreme memory loss.

Mild forms of the illness last a year or two but one of Dr Smith's patients has had ME for 30 years. He believes it is not contagious yet incidences of epidemics have been reported. Whether or not this was truly ME has not been proved.

In an attempt to ascertain the incidence of ME, Dr Smith asked some 30 general practitioners to report possible cases to him. Only a few complied.

He believes modern medical teaching, which trains doctors to respond to laboratory tests, is to blame. ME cannot be diagnosed through a laboratory test but requires hours of painstaking research, a process of elimination and careful investigation.

Nearly everyone knows someone who has it, but few truly understand it or doubt its seriousness. Myalgic encephalomyelitis (ME), better known as "Yuppie Flu" has already claimed dozens of victims yet South African medicine remains reluctant to acknowledge the disease.

By TONI YOUNGHUSBAND, The Star's Medical Reporter.

A working woman, who has had ME for a few months, was told by her general practitioner she had a viral infection which was probably flu-related. Her symptoms of lethargy, swollen glands, muscular pains and mouth ulcers persisted and she visited a second GP. He did blood tests and although three viruses were detected he could not pinpoint the cause.

A third doctor suspected ME and sent her to Dr Smith.

For the patient, ME is a dreadful illness. The symptoms cannot be seen with the naked eye and most sufferers are scorned as neurotics or lazy. There is little treatment, no cure and no prevention.

For the families, it is even harder to accept.

Supportive

"ME is something that can break up a family, can cause a divorce. It is impossible for someone who has it to explain what it's like, just how awful you feel."

"The family of an ME sufferer must be incredibly supportive and sympathetic, it's very difficult for them sometimes," one sufferer pointed out.

The only advice Dr Smith has to offer is that sufferers beware of quack remedies. "They must avoid charlatanism. I don't agree with things like colonic washouts, they won't help at all," he says.

A good balanced diet, a positive attitude and daily exercise (not too strenuous) is recommended.

And, of course, the sympathy of employers would help, Dr Smith says there is a lot of resistance from employers which may not be too serious if the employee is near retirement age, but if he is in his 30s he needs all the support he can get. He has a whole career ahead of him."
ALTHOUGH not the leading cause of death in this country, cancer is among the top killer diseases and possibly the most feared.

This emerged at a lecture delivered by Professor Barry Mendelow on the disease at the South African Institute for Medical Research last week.

The fear for cancer is, according to Mendelow, aggravated by ignorance, conjecture and thousands who have died from the disease.

Mendelow was quick to point out that no organ was free from its spread.

"Cancer arises from the body's own cells and the basic problem is that these cells do not know when to stop growing."

The result is that tumours will form consisting of millions of these cells which destroy the function of the organ they arrive in.

"Because they arrive in the body's own cells, the immune system does not recognise them as foreign."

"Therefore, they are able to escape the immune system," Mendelow said.

Some kinds of leukaemia (blood cancer) are very difficult to cure while others are easier to manage.

However, because of advanced medical treatment, early detection offers hope for cure.

The most common symptoms of cancer are unusual bleeding or discharge from anywhere, a wound that does not heal, hoarseness of the voice or cough, difficulty in swallowing or indigestion, a change in bowel or bladder movements, unexplained weight loss.

FOCUS

The most frequent cancer conditions in the country are cancer of the skin, this is very common among white people.

Mendelow said some of the skin cancers would generally cause damage where they arrive.

Ozone

He therefore, advised against the destruction of the ozone layer, adding that the removal of the ozone layer would destroy the skin layers.

The most common types of cancers among blacks include cancer of the oropharynx, cancer of the cervix, breast cancer and bone cancer.

Breast cancer could be avoided by annually looking whether there is a change in shape or size of the breasts.

As for cervical cancer, the National Cancer Association (NCA) reported 2,274 cases in 1986 among the blacks.

Women

This type of cancer afflicts women of late-child-bearing age and middle-aged women who have had children in their early teens.

Early warning signs are: watery discharge generally followed by a secondary infection which becomes offensive, irregular vaginal bleeding after sexual intercourse.

Because there are not usually accompanied by pain, many women ignore these signs and forget to have their pap smear resulting in the serious, life-threatening disease which could easily have been arrested.

Cancer of the liver has claimed many lives.

SA women have made a great contribution in the study of this disease.

It is normally associated with hepatitis B virus, which causes paralysis.

Mendelow said a national vaccination programme was underway to try to combat its spread.

Co-ordinated cancer is recognised by a change in bowel habit and weight loss.

Masuku

Tumours may also cause bone cancer.

The case of Lucky Masuku, who died on Friday at St Rita's Hospital in Glen Cowie, about 150km south east of Pretoria, is the most recent example.

His bone cancer had reached a terminal stage that manifested itself in a 15kg growth.

Mendelow said the hallmark of cancer was excessive unregulated growth of cells.

Mendelow said cancer's treatment lay in its removal or surgery, radiotherapy and chemotherapy.

"All these will only be possible if cancer is detected early," he said.

By McKGADI PEILA

Sowetan reporter Mamphela Sebula (right) discussed the condition of cancer patient Lucky Masuku (in bed) with a doctor at St Rita's Hospital in Glen Cowie, south of Pretoria, on Thursday. By Friday, Masuku was dead.

Heed cancer's early warning signs - prof

No organ is free from its spread.
Drug users 'now as young as 5'

By PETER DENNEHY

ANTI-DRUG counsellor Mr Rudy Nadler-Nir told a conference of childcare workers yesterday that anti-drug campaigners were "losing the battle" and that users were becoming younger and younger.

He said there were known cases of drug users as young as five years old who were "solvent abusers", inhaling thinners and petroleum, among other products.

Five years ago, one in eight young people in the 16-25 age group would "have exposure to a drug", said Mr Nadler-Nir, who works for the Drug Counselling Centre in Observatory.

Three years ago it was one in five, and today it was one in three or four in the age group of 13-23.

Treatment usually started with a detoxification of the body, along with or followed by counselling and therapy.

Mr Nadler-Nir said drugs were among the most profitable businesses in the world. Up to 8 000% profits were known to have been made, and these were tax-free.

Behind the flow of drugs in the streets were "excellent business people" who realised that their products differed from many others in that people of all social classes could buy at least some kinds of them.

Existing anti-drug programmes were not working, Mr Nadler-Nir said. Drugs had to be considered as commodities, and those who bought them must realise that they were making choices in a market, just like the buyers of any other commodity.

"Designer drugs", such as crack, were already available in Cape Town, and somebody would soon set up a crack factory in Cape Town, just as had been done with mandrax, he predicted.

● More reports, picture — Page 2
MEMBERS of the community - black and white - have responded with sympathy to the plight of the man who is slowly rotting to death from cancer.

The story about 42-year-old Mr. Herman Thebe Madimabe who is terminally ill from cancer of the throat appeared in Sowetan yesterday.

By THEMBA MOLEFE

Among responses to the story were strong calls from medical experts for a health awareness campaign among blacks.

There is no black hospice in South Africa where Madimabe can be admitted and given appropriate care.

Sister Patricia Chakane, an official of the National Cancer Association of South Africa, said she would visit Madimabe at his brother's home, 258 B, Zone 26, Meadowlands, Soweto, with a doctor today.

"The aim is to assess the seriousness of his ailment and determine whether he needs immediate care," she said.

"To page 2"
Yuppie flu: A strange virus that's neither yuppie nor flu

A periodic illness which immobilises its victims for months or years, would seem deserving of sympathy. Yet, Yuppie flu suffers have to endure public ridicule (you've lost your job and medical ignorance (we can't find it, so it doesn't exist).

BY KATHY STRACHAN

YUPPIE flu, or another mysterious encephalomyelitis (ME) - has left so exhausted and weak that on some days she couldn't turn on the bath tap.

ME, which causes extreme tiredness, mental confusion and muscle weakness, is known by different names, such as chronic fatigue syndrome. But the awfully widely used label is "yuppie flu." - an unnecessarily tag which many view as a handbag for any tired, depressed hypochondriac to crawl on to. Yet behind this is a mysterious disease which has eliminated the lives of thousands of sufferers around the world, reaching the height of the panic and fear of the whole spectrum of society.

The basic concepts is that it is a tested, and the only certainty at present is there is no cure other than rest.

For years sufferers have had to battle for the recognition that their illness is organic and too emotional.

Dr Frank Spracklen of the department of medicine at the University of Cape Town, and president of the ME Association of South Africa, says the disease is now understood as a chronic fatigue syndrome with muscle pain which lasts at least six months. The "classic view of the disease is that it includes fatigue brought about by the slightest exertion, physical or emotional. It is extremely variable, present or absent at times. We have to exclude other factors of fatigue and of any other disease. There must be an absence of bad family, social, medical and psychiatric histories. Patients must be routinely normal and have no alcohol and drug problems.

Patients typically develop disturbances of balance, writing, pronunciation, reading, concentration, headache and problems with sleeping. The major factor is fatigue, without muscle pain.

It appears to be incurable, yet Spracklen believes it may soon be dominated because only chronic cases are seen and many patients have received it from doctors. He estimates between 5000 and 15000 people in South Africa have the disease.

Susan believes ME is one of the most difficult of illnesses to live with, for sure, and Spracklen concedes there must be treatment.

"It's a difficult diagnosis, and that makes it more difficult for people to understand. You are also intellectually disabled, so people can't understand when one day you're mobile and the next day you're bedridden."

"My homecnine existence is that I'm thinking on the brink of death. I have a minimal amount of energy that rapidly fizzes out. By 5pm I'm incapacitated.

Because of her experiences Susan mounted a campaign to protect herself and thousands of others against the disease recognised in South Africa.

She says: "I was a battle to get recognition from the media and doctors, who didn't want to be seen given credibility to this nonsense."

The campaign which began in Susan's small bedroom, expanded into the national ME Association run by Bella Alten, of Howick, Alten, who also has ME, took over reigns when Susan grew too weak to carry on.

Susan spends the little energy she has left counselling sufferers and their families. Her phone never stops ringing and she gets "thousands and thousands of letters from people who can't get diagnosed."

The association, formed as a meeting in Petermaritzburg earlier this year, was attended by more than 300 people. About 2000 inquiries have reached the organisation, which has developed a network in Zimbabwe.

Although the ME Association aims to disseminate information to doctors and the public, its main aim is to support sufferers. It dealt with their rights and attempts to exclude companies on the causes and effects of the illness. Membership of the association is known to have been learnt from AIDS organisations, letterheads were received from the black community and Alten believes "we have little time on the tip of an iceberg in the black community."

"We've had despair appeals from sufferers. One man lost his job and his house as well to be too fatigued to work. He had no way of supporting his blind wife and his kids. He travelled from Ellisville to Howick to find help. He now gets a pension after being diagnosed as an ME sufferer."

Ignorance of the illness in the medical field is another major problem faced by ME sufferers.

According to Spracklen the medical profession is still split between hard-core disbelievers who are convinced it is a psychological problem, and an increasing number of doctors who are more open to it.

"Some doctors dismiss it outright, so encouraging suicides, which are not uncommon, and suggesting the wrong treatments, such as exercise, which are the thing an ME sufferer can do."

A major area of controversy is who is affected by the disease.

Dr Paul Cheney, who practised in America until 1980, says: "When it was first discovered in the United States in 1980 it was thought to be a disease of myths. More and more black people are coming forward in the same condition, which shows it's a myth that it affects only white women."

If a "colour" labourer complains of fatigue, he loses his job. A white professional woman complains, she gets investigated.

ME has been nicknamed "yuppie flu" by the media because in the United States it was originally thought to be a disease of the professionals in the 20s. But it is not exclusively a yuppie disease.

Another problem area is how funds should be spent. Spracklen says the ME Association in Britain and America, with their expensive laboratories, has had to crack the wall while the money should go towards care and support of sufferers and the education of doctors and the public.

**FOCUS ON A DISEASE**

**WITH AN UNFORTUNATE NICKNAME THAT LEADS TO INEVITABLE RIDICULE**
HEALTH & DISEASE - MISCELL. DISEASES

1990
Cholera: 10 die in Zambia

The Star's Africa News Service

LUSAKA — At least 10 people have died and 53 have been admitted to hospital in an outbreak of cholera in Lusaka’s townships.

The Ministry of Health said markets and schools had been closed and social gatherings banned in affected areas.

The Health Ministry has set up 10 treatment centres and the government has appealed to the international community for help.

Because of the outbreak, the government has postponed a convention of the ruling United National Independence Party scheduled to start tomorrow in Lusaka.
Nationwide anti-measles war starts

Staff Reporter

A NATIONWIDE immunisation campaign is to be launched against measles, one of the country’s major preventable causes of sickness and death, the Advisory Committee on Health Affairs announced yesterday.

Measles claimed 250 lives last year, when there were 13 629 notified cases, and represents the highest incidence of reported sickness per year after tuberculosis, Dr P Vugarellis of the Department of National Health and Population Development told a Civic Centre press conference.

The Western Cape campaign will be co-ordinated by the government, the Cape Town City Council and the Western Cape Regional Services Council.

One child dies every 20 hours of measles in South Africa, and one every 15 seconds worldwide, according to World Health Organisation figures.

The Western Cape recorded 591 cases and three deaths in 1989, and 95% of the ill were under five years old.

In spite of these facts, “many parents believe that measles is not really a serious disease”, Dr Vugarellis said.

RSC medical officer Dr Stewart Fisher said 30,000 children would have to be immunised in the RSC area — which includes Khayelitsha and Crossroads.

The anti-measles campaign, which begins in the Western Cape this month, aims mainly to achieve a 95% immunisation level in children under five years, promote the concept of immunisation, and keep the public informed, Dr Vugarellis said.

“Particularly in South Africa’s Third World communities, the immunisation leaves much to be desired.”

The Western Cape campaign will be divided into two week-long immunisation programmes, the first in February/March and the second in April/May, Dr Vugarellis said.

The services will be advertised in advance and provided free of charge.
Nationwide anti-measles war starts

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Forester spots elephant calf

KNYSNA. — An elephant calf born more than a year ago in the Knysna forest was observed for the first time yesterday.

A forester with the Department of Environment Affairs at Diew瓿le, Mr Eldef Jansen, spotted the calf late yesterday morning close to the major hiking trail near Knysna.

The calf's mother was also in the vicinity, but the pair fled when they became aware of Mr Jansen's presence.

There are apparently four elephants left in the Knysna forest: The cow, the year-old calf, a bull and another calf of about 15 years. — Sapa

Detention rule not obeyed, inquiry told

JOHANNESBURG. — Regulations on the detention conditions for Section 29 detainees were not obeyed at John Vorster Square security cells because they were impossible to implement, the Goldstone Commission of Inquiry has heard.

General Gert Erasmus, Regional Commissioner of Police for the Witwatersrand, was giving evidence this week before the commission appointed to inquire into the death in detention of Mr Clayton Sizwe Sithole.

Mr Sithole was found hanged in a shower room in John Vorster Square on January 30.

General Erasmus said all new police stations had exercise areas, but John Vorster Square did not have enough facilities for the regulation exercise periods to be enforced.

Mr Chris Loxton, for Mr Sithole's family, said evidence had been that detainees were locked in a shower room for about an hour, during which time they could do as they pleased. They could exercise, wash clothes or shower and were not watched at this time.

He said he accepted that Mr Sithole's death was by his own hand. But he criticised the system, which had failed to prevent the suicide. — Sapa

PW should have
By Norman Chandler,
Pretoria Bureau

A huge anti-measles campaign is to be launched soon by the Department of National Health and Population Development in a bid to control the disease.

The Minister of National Health, Dr Rina Venter, said in a statement issued in Pretoria yesterday that measles, a notifiable disease, continued to be one of the major causes of infant mortality in South Africa — "it is of grave concern as a cause of infant mortality, and children between the ages of 0-4 years constitute a high risk group".

IMMUNISATION

According to Dr Venter, measles is a disease which can be prevented through effective immunisation. The department had decided to launch an extensive immunisation programme.

"The programme will be called the Measles Campaign and will be implemented in collaboration with other health authorities," Dr Venter said.

The aims of the campaign include the immunisation of all children under the age of five years, the updating of growth and immunisation cards for each child and the provision of information regarding immunisation and health care.

From the latest figures available, there were 14 000 measles cases each year in South Africa between 1980 and 1987, excluding the TBVC countries.

According to Professor Barry Schoub, the director of the National Institute for Virology, "undoubtedly the true incidence is substantially higher, as shown by a survey in the Western Cape which revealed that 60 percent of 50 general practitioners interviewed were not even aware that measles was notifiable".

He said that in South Africa black and coloured people were worst affected by the disease, and that the major cause was rapid urbanisation and inadequate housing.

Swazi PM warns on crime

MBABANE — Swaziland was in the grip of a fright—
Advisable

Avoid people in particular, should be vaccinated.

March, February, and early March.

He said "vaccines are...-counter the virus were...current...and the vaccination rate was...that the number of people in the United States...and Europe have...in the United States, Europe, and Asia..."
Strikes and typhoid rock PE townships

Typhoid has broken out in Port Elizabeth’s black townships where garbage and nightsoil have not been collected for a week because of a strike by municipal workers.

Ten cases have been reported and urgent warnings have been issued by local authorities.

Mr J Pozyn, deputy-chief municipal health inspector, said: “We are worried about this situation. It could become epidemic.”

Mr Flip Alberts, Town Clerk of Ibhayi, a black area, said: “There is an escalating health threat.”

Pamphlets are being distributed describing precautions that can be taken.

Six of the notified cases are in the Ibhayi area, four in Motherwell.

They were confirmed by Dr A Brazdley, of the Port Elizabeth Municipal Cal Health Office yesterday.

He said four of the Ibhayi cases were in New Brighton and one in Zwide.

“We will be going out now to visit the homes of these people to see whether the non-removal of sanitation and refuse has anything to do with this,” he said.

Mr Pozyn said there was a fear of a typhoid epidemic breaking out in Port Elizabeth. He said typhoid could be spread by contact if proper hygiene rules were not applied.

He thought it was quite possible the outbreak was due to the uncollected waste and he said it was imperative the authorities resolve the wage dispute so workers could go back to cleaning the townships.

“We are concerned with the situation. If the strike continues for long it could be a disaster,” he said, adding that his office had distributed the advice pamphlets urging people to bury nightsoil and not throw it in the streets, yards or streams.

The office was also distributing black bags in which refuse could be kept until it was collected.

-Sapa
Hepatitis - a killer virus

By Heather Robertson

LAST year, about 20,000 people died of hepatitis B in South Africa. About two million African people - 10 percent of the African population - are permanent carriers of the virus.

Each year the disease infects about 50,000 more.

The symptoms of hepatitis (commonly known as yellow jaundice) are jaundice, tiredness, poor appetite and listlessness. Many people have mild symptoms which doctors incorrectly diagnose as flu.

"The milder the initial illness, the more likely it is to develop into the chronic stage," says Professor Michael Kew of the Department of Medicine at the University of the Witwatersrand.

Spread

Speaking at a recent seminar, he explained that - like AIDS - hepatitis B can be spread through sexual intercourse or intravenous drug use.

Unlike AIDS, it can also be transmitted by kissing or sharing a toothbrush. It is thus more infectious than AIDS.

The disease can also be spread through blood transfusion.

"Getting a bottle of blood is dangerous because blood is full of 'dinosaurs'," says Professor Kew.

With the hepatitis B virus, blood on the tip of a needle is enough to infect an individual.

Hepatitis is remarkably persistent and can survive outside the human body, in dried blood or secretions, for days.

If you are found to be a carrier, what should you do?

Carriers have to be careful, particularly with blood.

"If a husband is a B virus carrier and he scratches himself while shaving, the blood on a shaving blade is enough to infect anyone of his family who touches it," says Professor Kew.

"If someone in a household is a carrier, he or she may have to make adjustments in lifestyles."

Treatment

"If you find that you have hepatitis, you should find out what type it is. If it's hepatitis B, you become a carrier and must do something to kill off the virus."

A carrier has to be injected three times a week for 10 weeks with interferon, the virus-killing drug - although there is only a 30 percent chance that the treatment will have been successful.

"The most shocking aspect of the spread of hepatitis B is that it is preventable," says Professor Kew.

Vaccine

An effective vaccine has been available since 1981, but few of those most at risk have been inoculated.

The vaccine was originally developed from the blood plasma of carriers. It is now possible to harvest the plasma and to produce the vaccine in laboratories.

"It becomes cost effective to test blood in high-risk areas. Because there are 2.5 million carriers in the country, we need a programme to vaccinate every newborn baby," says Professor Ralph Kirsch, head of liver research at the University of Cape Town, says: "Hepatitis B is

ravaging the country, but nobody seems to be taking it seriously. We would certainly not be faced with such apathy if there was an AIDS vaccine. Yet hepatitis B is much more widespread."

Some doctors feel the virus is spreading so rapidly that most children are already, or soon will be, at risk - if not from infection in their families, then from their playmates.

In Taiwan, hepatitis is the primarily public health problem. Every new-born baby in Hong Kong is vaccinated.

Inoculation

The private cost of inoculation is high. It would cost a person R60 to have three vaccination injections. If the government vaccinated on a national scale, this amount would be reduced to R20.

The spread of the disease is an urgent national problem. The responsibility for solving it rests squarely with the Minister of National Health and Population Development.

Prof Kew has called on the government to:

- institute a mass immunisation programme immediately for all new-born babies in rural areas identified as having the highest carrier rates;
- include hepatitis B inoculations as part of the normal immunisation of all infants;
- budget a substantial sum to educate the public about the disease and how it is spread;
- introduce compulsory immunisation for all health care and rescue workers.

- The Health Population Development Department failed to respond to SOUTH requests for comment.
Pharmacist seeks right to help fight hepatitis

PHARMACISTS should be given authority to administer immunisation injections against hepatitis, which cost SA R120m a year in manpower productivity, Pharmacy Council member C J de Bruin said at the Pharmaceutical Society of SA conference in Bloemfontein yesterday.

De Bruin said about 2.5-million of the 50-million hepatitis carriers lived in SA. Almost 20 000 South Africans died of the disease last year.

Measles - one of the most preventable diseases in SA - was another strong case for legislation to be overhauled to allow pharmacists to administer injections.

More than 21 000 cases of measles had been reported in 1987, when 424 people died of the disease. According to the World Health Organisation, a child died from measles every 15 minutes somewhere in the world.

Yet a dramatic decrease in the number of measles cases in the US resulted from an extensive immunisation programme in 1975.

De Bruin said the pharmacist was in a key position to educate the community about the importance of immunisation and to encourage widespread participation in public health programmes.

Educate

Pharmacists could also increase their contribution to family planning programmes by being authorised to supply certain schedule three oral contraceptives.

De Bruin said they were in a key position to educate people in birth control, which was becoming more important as SA's population was rapidly approaching 50-million, with a baby being born every 26 seconds.

Industrial pharmacy consultant Val Beaumont said the key to survival of the profession lay in concentrating on preventative health care.

Beaumont said there were 2 700 retail pharmacists in SA compared with 3 200 dispensing doctors. Besides the surge in trading doctors, trade unions were evaluating the merits of setting up their own health services, potentially reducing pharmacists' customer base.

Ethical rules had to be amended and relevant legal issues properly addressed to release pharmacists to freely practise preventative health care.

Cholesterol and diabetes screening, drug abuse monitoring and prevention and family planning were important preventative health care areas where pharmacists could play a role, Beaumont said.

At least 80% of chronic ambulatory patients in SA were hypertensives. Hypertension was a "disease state" lacking overt symptoms yet, left untreated, it could result in a number of costly diseases such as cardiovascular, cerebrovascular and renal conditions.

Home care services expansion essential, delegates told

THE home health care market in the US would be worth more than $12bn this year, Pretoria College of Pharmacy head Prof Hugo Durrheim said in Bloemfontein yesterday.

Addressing about 200 delegates at the Pharmaceutical Society of SA (PSSA) national conference, Durrheim said it was time SA pharmacists applied their full knowledge base to the problem of the home health care patient and the care-giver.

Although they had been successful in the use of their professional skills in this field, an expansion of services provided was now essential.

With his complex knowledge of drugs, patients, drug-response, therapeutic drug monitoring and the provision of medical equipment and services, the pharmacist could contribute strongly in pain management.

Drugs were probably the most cost-effective elements in chronic disease management. The pharmacist's role in chronic disease management could include the monitoring of side effects. Lack of supervision was one of the three major reasons for adverse drug reactions in the elderly.

The profession could help improve patients' self-care, facilitating adherence to long-term drug regimens, he said. Drugs could be targeted for removal from the regimen with the pharmacist consulting with the primary provider.

Pharmacists could also establish patient records, listing side effects of all drugs used by a patient that might cause gastric erosion or mental status changes. Adverse effects could then be anticipated and forestalled.

Durrheim said home health care was a more psychologically desirable form of health care because patients felt better and got better sooner when treated at home. This applied particularly to conditions of minor illness and during periods of recuperation.
Enforce measles jabs, say specialists

By CLAUDIA KING

CITY specialists say immunisation against measles should be made compulsory.

In South Africa, measles accounts for more deaths than all the other childhood infectious diseases combined.

Although a major immunisation campaign was launched by the state this year the influx of unimmunised Transkei children to the Cape makes it an extremely difficult disease to control.

Paediatrician Dr Max Klein, of the Red Cross Children's Hospital, said yesterday that measles was the most infectious disease known to man and killed two million children each year.

"Making it compulsory to be immunised against the disease would place a compunction on health authorities to provide the vaccination," he said, adding that an unimmunised person coming into contact with measles would most definitely contract the disease.

He said measles effectively depressed the immune system — in a similar way to AIDS — opening the way for other infections to strike.

The Medical Officer of Health for the Regional Services Council, Dr Stewart Fischer, said the state could save thousands of rands and many children's lives if compulsory measles immunisation was introduced.

He said the current measles epidemic in Transkei threatened the Cape as the constant influx of unimmunised Transkei children made it difficult to maintain a good immunisation cover.

Rapid influx

"It was discovered during a recent campaign that only 30 to 60 percent of children in some areas had been immunised against measles, which is just not good enough," he said.

Eighteen thousand children were immunised over three weeks at the beginning of the year, compared to around 3 000 normally, bringing the average immunisation cover from 55% to 98%.

"I know from past experience, though, that with the rapid influx of unimmunised children to the Cape the figures will drop within the next few months if the campaign is not repeated."

He said immunisation in Transkei should be increased.

A letter in the most recent edition of the South African Medical Journal says the South African Paediatric Association is strongly against the legal enforcement of any vaccination for a variety of reasons.

It would violate the principle of individual free choice, it was not advocated by WHO or Unicef and local authorities were mandated to vaccinate and the state could act against any who did not perform this function effectively.

Reports from Transkei say that a measles epidemic sweeping the country is killing about one in four affected children.

Complications from measles include pneumonia, severe. chronic lung infections and in rare cases encephalitis, resulting in permanent brain damage.
Clewlow to succeed Rosholt at Barlow Rand

By Sven Lünsche
Warren Clewlow takes the helm at Barlow Rand at a time when political developments will demand almost as much from the chairman of South Africa's leading industrial conglomerate as will business growth.

Barlow Rand announced yesterday that Mr Clewlow, currently vice chairman and chief executive of the group, will take over the chairmanship from the charismatic Mike Rosholt with effect from January next year.

Mr Clewlow said yesterday that he would be taking over the group at a time when South Africa was undergoing rapid political change.

"We will have to read these developments well and adapt the group to the changing circumstances."

"I would like to carry on with the low political profile of my predecessors, but given the strong link between the economy and politics, this will not be an easy task."

"It is one of the major challenges not only for Barlow Rand, but for the business community as a whole, to convince people that the free market system offers the best growth potential for South Africa," he said.

Mr Clewlow joined Barlows in 1963 and was appointed a director of the board in 1974. His position as vice-chairman of Barlows will be filled by Mr Derek Cooper, at present a deputy chairman of the group.
### Table: Education in India

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**Notes:**
- Data for 1998-99 is preliminary.
- Data includes both government and non-government schools.

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### Table: Employment in the Health Sector

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**Notes:**
- Data includes both public and private sectors.
- Data includes full-time and part-time workers.

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### Table: Health Facilities in India

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**Notes:**
- Data includes both public and private hospitals.
- Data includes both urban and rural areas.

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### Table: Education and Employment in India

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**Notes:**
- Data includes both educated and employed individuals.
- Data includes both sectors in the economy.

Killer measles hits Kei

UMTATA - A measles epidemic is sweeping Transkei, with about one in four afflicted children dying, the head of paediatrics at Umtata General Hospital, Professor JW Owango-Iraka, said this week.

Iraka said about 50 children had been treated at the hospital in the last two months, with babies of between nine months and two years being the most susceptible age group.

He said doctors in Cape Town had also voiced concern that Transkeians travelling these on buses to be-treated and were spreading the disease in the city.

"Polio is no longer our main fear. It's measles," he said.

"In South Africa and the First World, measles is no longer a problem because babies have been immunised and over-crowding does not exist."

But the disease was rife in Transkei because of over-crowded living conditions.

This meant the contagious virus was easily transmitted from one person to the next and caused malnutrition, which meant decreased immunity in the body.

"Here, we only need one case of measles to infect 50 others in the location," Iraka said.

He urged mothers to take their babies to clinics or hospitals for vaccination. - Sapa.
(a) The Minister of National Health and Population Development:

The minister is responsible for:

- Establishing and implementing policies and strategies for the improvement of health and population development in the country.
- Coordinating and overseeing the work of various departments and agencies involved in health and population.
- Ensuring the availability of adequate resources for health and population education and development programs.
- Monitoring and evaluating the effectiveness of health and population development initiatives.

Issued by:
The Minister of National Health and Population Development

On:

1996

[Signature]

[Name]

Minister of National Health and Population Development

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### Note

- The data presented above represents the key individuals and their roles within the Ministry of National Health and Population Development.
- The department is responsible for ensuring the provision of health services, population development, and related public health initiatives.

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## The Ministry of Education

### Note

- The Ministry of Education is responsible for overseeing the educational system and promoting literacy and learning across the country.
- It coordinates efforts to improve educational standards and addresses various challenges faced by schools and students.

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### Additional Information

- The Ministry of Education collaborates with local governments and international organizations to enhance educational opportunities for all citizens.
- It focuses on curriculum development, teacher training, and the provision of educational resources to support effective learning outcomes.
Measles: R11m saved

A SAVING of more than R11 million in the hospitalisation of children due to complications caused by measles has been attained during the first three months of 1990.

This was achieved by intensified immunisation, Dr Hans Steyn of the Department of National Health and Population said yesterday.

Speaking at a primary health care conference in the city, Dr Steyn said preliminary figures indicated that compared with the first quarter of 1989, 30% more children were immunised against measles in the same period this year.

The intensified campaign against measles was part of the government’s determined effort to promote primary health care services in the community.

Dr Steyn said that involvement based on a partnership between the government, the private sector and the community in particular was imperative in order to fulfil this ideal.

Measles is one of South Africa’s most important preventable causes of child mortality.

It is also the disease with the most notified deaths after tuberculosis and cancer. Though measles is a notifiable disease in South Africa, a recent survey in the Western Cape revealed that 60% of the general practitioners were unaware of the fact. — Sapa
Maximum effort to halt deadly measles

By Margaret Moore

FEATURE

1989

1990

Number of people immunized

Western

Northeast

Northern

Orange State

Haiti

Cape

Cape

Number of people immunized

Western

Northeast

Northern

Orange State

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Natal rabies spreads as violence halts vets

Own Correspondent

Township violence in Natal has contributed to an "alarming" increase in the incidence of rabies in the province because vets are not always able to enter strife-torn areas to inoculate pets.

Maritzburg and Durban vets, who made this claim today, have already destroyed more rabid animals in the first six months of this year than in the whole of last year.

When they are given official permission to enter townships it is without Government number plates on their cars and without police escorts.

The State vet for Maritzburg, Dr Max Bachmann, said that violence was a "major complicating factor" in the rabies inoculation programme.

Ten cases of rabid animals from areas south of the city and from areas around Durban and on the coast have been positively identified as rabid this month.

Durban's State vet, Dr Robin Thorogood, has reported 39 cases of rabies this year, compared to 45 cases for whole of last year.
City medics make breakthrough

Measles cure in vitamins?

By PETER MALBIN

A NEW study by two Cape Town doctors shows that children with severe measles should be given vitamin A supplements.

The doctors, Dr Max Klein and Dr Gregory Hussey, published a scientific report in the prestigious New England Journal of Medicine yesterday that demonstrates the efficacy of giving vitamin A to children with measles. They are both members of the Department of Paediatrics and Child Health at the University of Cape Town and started their research on measles in early 1987.

In the doctors' study, a group of children infected with measles given large doses of vitamin A had fewer complications and fatalities than a group not given vitamin A.

"Our study shows that vitamin A is a very potent substance," Dr Klein warned. "If you take excessive amounts of vitamin A when you don't need it you can suffer severe side effects and die. It should only be taken when a child is sick with measles.

"The only reason our study is important is because there are huge numbers of children in South Africa and elsewhere in the world who have not yet been immunised."

Gross underestimate

"Measles is the most severe infectious disease in childhood, the most infectious disease known to man," Dr Hussey said.

"And in South Africa, every year there are 30 000 reported cases of measles — outside the homelands — and about 500 cases of children dying, which is a gross underestimate," Dr Hussey said.

"More kids die of measles in one year in South Africa than in one decade in the United States. The reason is that in the States they have a comprehensive immunisation programme: Children won't be allowed into pre-school without being immunised."

The uniform immunisation policy in South Africa is for children to be vaccinated at nine months. The World Health Organisation recommends that children in areas of risk be immunised at six months.

"At the section for infectious diseases at a city hospital we see on average over 500 cases a year, and a number of those children develop severe complications and die," Dr Hussey said.

"Obviously the vaccine is not getting to where it should."

MEDICAL BREAKTHROUGH ... Doctors Klein (left) and Hussey, who have published a significant scientific report on the efficacy of giving vitamin A to children with measles. The doctors, both members of the Department of Paediatrics and Child Health at UCT, stressed that vitamin A is a very dangerous supplement when given to healthy children or those with other illnesses.

Picture: GLENN SHERRATT
All you need to know about deadly cancer

CANCER is the second major cause of death in South Africa, affecting one out of every four people.

Recent studies and statistics reveal that malignancy contributes to the morbidity and mortality rates of all population groups.

The incidence of types of cancer varies from different regions and among different population groups, even in the same geographical areas.

Cancer is generally understood as a "typical degenerative condition" that can be found in all age groups. It is regarded as a disorder of cell growth and the result of immune system dysfunction.

Cancers are often classified according to the embryonic tissue they resemble although they arise from normal, differentiated adult cells that have changed from their nature. Cancer begins in a group of cells, or perhaps, even a single cell, that divides, regardless of need.

**Descendants**

The change is fixed and it persists in the descendants of the affected cells.

It can be said that cancer is a parasite formed from the patient’s own tissues and draws on the general supply of nutrients of the body.

The alienated cancerous tissue cells are not subject to cell growth control and reproduce themselves proliferatively until they finally outnumber the healthy and normal cell count of the body.

The following types of cancers have been proved statistically in South Africa:

* Cancer of the respiratory tract occurs more frequently among white and coloured men;

* Breast cancer has the highest incidence among white women;

* Black people, especially those from Transkei and Swaziland, have a higher incidence of cancer of the mouth cavity, paranasal sinuses and oesophagus;

* Black and coloured women have a higher incidence of cervical cancer;

* Cancer of the stomach is most frequently found among the coloureds, followed by whites and Asians;

* Skin cancer is found more often among whites;

* White men are the most frequently affected by cancer of the prostate gland.

**Symposium**

A symposium on learning about and understanding cancer has been organized by the Institute for Complementary Health in association with the Training and Communication Forum on August 11.

The seminar, to be held at Eskom Training College, Dale Road, Halfway House, will deal with the causes, treatment, nutrition and prevention of cancer and various other aspects including the understanding of the dying process.

Medical and paramedical professionals, nurses, pharmacists, health care workers, cancer patients and their families and any interested persons are welcome to attend.

“The symposium will enable all delegates to become more familiar with the concept of accepting more responsibility for their own health and that of their families,” says the institute.

Booking is essential. Telephone 805-1842 in Johannesburg.

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Change in SA is permanent - bishop

SOUTH Africa is moving irreversibly towards democracy and an end to apartheid and minority rule, Archbishop Mzilikazi Masiya, co-ordinator of Christian Peace and Reconciliation for Southern Africa, said yesterday.

DE KLERK

He said in a statement that the establishment of the South African Communist Party was a "sure sign" that the reforms of President FW de Klerk were irreversible.

"Sanctions and disinvestment should then also be called off now for the sake of peace, stability and growth in South Africa," he said. - Sapa.
Disease scare at ‘Sun City’ jail

By SOPHIE TEMA

A SECTION of Johannesburg Prison has been placed under quarantine after one inmate had been diagnosed as having meningitis – a highly contagious disease.

The liaison office of the South African Prison Service confirmed that one case of meningitis had been diagnosed at the prison commonly known as “Sun City”.

They said the matter was brought to the attention of the district surgeon and measures had been taken to prevent the spread of the disease.

Visits to awaiting-trial prisoners were cancelled from Tuesday.

A medical doctor said meningitis brought on many complications. The disease could lead to an abscess forming in the brain.

He said the patient would have to be monitored and transferred to hospital. The rest of the inmates should be closely watched and the prison authorities would have to make sure steps were taken to protect them.

Prisoners have the right to demand the help of independent doctors.

If steps were not taken to protect the inmates, it would be very dangerous, he said.

This is the second case of meningitis in Johannesburg Prison.

In 1988 hundreds of trials had to be postponed when 796 prisoners in the Medium A section were placed under quarantine after an inmate contracted the disease.

This week, hundreds of people who arrived to visit friends and relatives were turned away from the prison without explanation.

Smuts Mokocna said he went to the prison on three different days to visit his son, only to be kept waiting outside from morning until visiting time was over.

He said no explanation was given to the waiting crowds and most of them were angered by the authorities’ refusal to tell them what the problem was.
THE most lethal form of skin cancer - malignant melanoma - has increased 1 000 percent in 50 years, according to the National Cancer Association.

According to the Cancer Registry, there are 10 000 reported cases of skin cancer in South Africa, making it the most common form of cancer among the white population.

The president of the NCA Prof J D Anderson said figures were growing exponentially because damage done years ago was only now becoming apparent.

Contrary to popular opinion, skin cancer could lead to death. - Sapa
Women Want Return of Tests

Women's health is paramount for their quality of life. Any woman who is allowed to have her tests removed due to financial constraints is a statistical risk. If the NCA was more effective, women would have more control over their reproductive health and could be diagnosed and treated promptly.

The National Cancer Association of America is dedicated to ensuring that all women have access to gynecological exams and that these exams are free of charge.

Funding

The National Cancer Association of America is seeking additional funding to support the continued provision of free gynecological exams. If you are interested in supporting this cause, please consider making a donation to the National Cancer Association of America.

The march was organized by the March of Dimes, who have been fighting for women's health for over 100 years. The event was held on October 15, 1990, in downtown Chicago. The test was participated by tens of thousands of women who came out to support the cause.

Women Want Return of Tests

Women's health is a critical issue for all women. The National Cancer Association of America is committed to ensuring that all women have access to the care they need. Together, we can make a difference.
MORE THAN 9 000 people in SA have skin cancer, the most prevalent form of the disease in the country.

The latest Cancer Registry shows that the 9 420 reported skin cancer cases outstrip the 1 067 reported lung cancer sufferers and 794 people with cancer of the colon.

National Cancer Association (NCA) president John Anderson said tens of thousands more skin cancer sufferers could be expected in future if the public was not alerted to the dangers of sun exposure.

Because of SA’s close proximity to the equator, the sun shone overhead for many months of the year and ultraviolet radiation was intense, he said.

Many South Africans were unaware or ignored this risk, even though skin cancer had reached epidemic proportions worldwide. Since 1980 the lifetime risk of developing skin cancer had increased ninefold and malignant melanoma, the most dangerous form of skin cancer which could spread to the rest of the body, had increased 1 000%.

There were 602 cases of malignant melanoma in SA and the total incidence of skin cancer was increasing by 5% a year, he said. Figures increased exponentially as sun damage from years ago became apparent.

There were an annual 600 000 skin cancer cases in the US, including 27 600 melanoma patients expected this year.

The US Environmental Protection Agency predicts that a 1% drop in the thickness of the ozone layer would lead to an extra 20 000 cases in the US alone.

Contrary to popular belief, skin cancer could be fatal and about 8 800 deaths from the disease were predicted in the US for 1990, said Anderson.

A sunscreen was essential but users had to be careful that manufacturers’ claims of products’ sun protection factor (SPF) were not misleading, he said.

There were no regulations requiring substantiation of claimed SPFs and a survey had shown that while 90% of products claimed an SPF, only 56% were tested.
JOHANNESBURG. — More than 1,100 cases of cholera have been reported in four provinces of Mozambique since June. At least 59 people have died since the outbreak. — Sapa.
Shock health conditions in Far North

NINETEEN percent of all Mozambican refugees who cross into South Africa have malaria, the regional head of the Department of National Health and Population Development in the Northern Transvaal announced last week.

Speaking at a Press conference in Pietersburg, Dr NG Crisp said 20 people had died of the disease in the Lowveld and other areas of the Northern Transvaal.

Last year 694 cases of malaria infection were detected among Mozambican refugees who came into the country during 1989.

A total of 673 South Africans were also found to be infected by malaria during the same period, he said.

Crisp said a regional measles vaccination campaign carried out in May this year had revealed that more than half a million children had never been vaccinated against the disease.

Of these, the campaign had reached more than 430 000 children in Lebowa, Gazankulu and areas served by the South African authority.

The success of the programme, was also attributable to the high media co-operation in publicising the activities, he said.

By MATHATHA TSEDU

He said a survey done by his department in the region on 20 162 rural dwellings had revealed that 57 percent had no toilets, while nine percent had "an unacceptable quality of water".

About 19.5 percent did not have "ready access to water within a reasonable distance", while 13.5 percent of those polled were over crowded with 6.6 percent living in shanty accommodation.

He said an inspection of all black farm schools in the area of jurisdiction had shown that in one area 32 percent of all schools "had no access to water at all", while 30 percent in another area had "grossly inadequate sanitation facilities".

Succeed

"In order to succeed in promoting a health environment and lifestyle, with the ultimate aim of health inhabitants, it is essential that this basic needs be addressed", Crisp said.

Crisp said the region had to deal with nine first tier governments and 36 local authorities.

These included fully fledged bantustan government such as Lebowa, Gazankulu, KaNgwane and KwaNdebele.

The proliferation of these government and SA authorities sometimes caused friction, he said.

He announced that the focus for the 1991 year will be a campaign to highlight nutrition, growth monitoring and prevention of diarrheal disease.

This will take the form of guidance on breast-feeding and procedure for weaning babies.

An AIDS seminar was been planned in conjunction with the AIDS counselling centre in Pietersburg to coincide with the International AIDS Day on December 1, Crisp added.
Heart ailments linked to high blood pressure

There is a relationship between diabetes, hypertension (high blood pressure) and coronary heart disease, three dangerous ailments which are becoming increasingly common among South Africans.

Medical experts speaking at the 30th Anniversary of the Pretoria Medical Discussion Group held in Johannesburg at the weekend, agreed that wrong diet, excess weight and smoking were among the primary causes of these diseases.

Professor HC Sefiel of the University of Witwatersrand, spoke on the Management of Diabetes in General (medical) Practice.

Focusing on non-insulin dependent diabetes (NIDD), he said the disease was not simply a sugar disorder.

“...It is a complex, multi-faceted disorder characterised not only by excess sugar in the blood (hyperglycaemia), but also by obesity, too much insulin (hyperinsulinaemia) which causes low blood sugar level, hypertension, cardiovascular disease and other complications,” he said.

“The major challenge facing the therapist of this type of diabetes is to prevent or reduce the incidence of coronary heart disease.”

The correct diet would be the easiest treatment for diabetes as well as heart disease, where it developed from diabetes and high blood pressure.
Township sewage flows into spruit leading to Vaal

By Therese Anders
Highveld Bureau

BETHAL — Raw sewage from Emzinoni township, where doctors report an outbreak of dysentery, is flowing directly into a spruit which eventually leads into the Vaal Dam.

Emzinoni administrator Neels Malan said he was “very much perturbed” about the growing health hazard.

The crisis comes three months after the Government stopped bridging finance to townships involved in rent and service boycotts.

Sewage from Emzinoni (population 40,000) began seeping into the nearby Biesbokspruit two weeks ago when Bethal’s Conservative Party town council cut water and electricity to the township for failure to pay bulk service arrears.

After 10 days without water, two Bethal doctors reported an outbreak of dysentery and gastro-enteritis among township residents. They pleaded with the Bethal council to restore the water supply before a major outbreak of diseases such as typhoid and cholera swept the township and other communities.

“If dysentery gets into the river you’ll never stop it because people are using that water for their personal needs all the way downstream to the Vaal, and beyond,” one doctor warned.

Four days ago the water service was reconnected after a private donation of R15,000.

This will pay for a supply until Wednesday.

Mr Malan said there was no chance of reconnecting the township’s electricity in the near future and that without power, sewage could not be pumped up to the treatment station. This meant all the township’s sewage was flowing out of manholes near residential areas and into the Biesbokspruit.

Mr Malan asked local industries to consider lending Emzinoni two large generators “to avert a worsening health crisis”.

The newly appointed administrator disclosed that Emzinoni was technically bankrupt.

“The township has debts of R2,2 million, of which R500,000 is owed to the Bethal council.”
HEALTH AND DISEASE - MISCELLANEOUS DISEASES

1991
Nearly Autumn, time to consider flu vaccination

Difficulties still exist in finding an effective means of treating and curing influenza.

- This is because of its viral origin and the fact that antibiotics remain ineffective in combating viruses.

Some anti-viral products do protect against influenza, but research has shown that these only have a temporary action and often require a twice-daily dosage during several weeks of treatment.

It is widely accepted, therefore, that vaccination is still the only route to take against influenza.

But just how effective is this and who — that is, what types of patient — should be vaccinated?

According to data released by the Institut Mérieux in Lyon, France, the influenza treatment problem would be simplified if there were only one stable agent causing influenza. Unfortunately, this is not the case.

When the first viral culture on an embryonated egg was effected 55 years ago, two key facts were established:

- Influenza may be caused by several viruses.
- These viruses could change with time, thus acquiring new antigenic determinants.

Owing to its effective antigenic power, the influenza virus confers good protection against the agent responsible.

- But given that the virus has changed in the interim, the immunity acquired against the previous virus is no longer effective against the new variant and infection may occur.

Although the influenza virus is prevalent throughout South Africa for most of the year, the winter months are still generally accepted as "influenza season" — and autumn is not far off!

The French institute researchers stress that it is necessary on every occasion to prepare a vaccine which is adapted to recent epidemiological experiences.

This assumes that the antigenic structure of the mutant is known and an international network is in place to supply the formula of the next vaccine in good time.

Who should be vaccinated?

Influenza vaccine should be administered first and foremost to "at-risk" subjects in whom complications may be feared during the course of influenza. These are:

- Subjects with a pre-existing disease, particularly of a bronchopulmonary nature (chronic bronchitis, asthma, emphysema, etc) or of a metabolic nature (diabetes).

Certain cardiac patients also fall into this category, provided that the cardiopathy is not decompensated.

- The elderly.
- In children, those who are debilitated by a long illness.

Children with cardiopathies, respiratory deficiencies, mucoviscidosis and metabolic disorders can and should be vaccinated. This very well-tolerated vaccine scarcely influences the weight curve.

- Those living in communities.
- Pregnant women, because of the pulmonary risks and the risks of miscarriage which can be caused by influenza when it takes a serious turn.

It must be remembered that as this vaccine is composed of inactivated viruses, it is not contraindicated in pregnant women.

However, in order to forestall any psychological anxiety concerning the hypothetical risks to the embryo, it is recommended to administer this vaccination in the second half of the pregnancy.

Those having recently undergone surgery, transplant patients, and people undergoing haemodialysis.

In healthy subjects, vaccination of people in very close contact with the public, such as those working in a hospital environment could be envisaged (doctors, nurses, paramedical staff), or those particularly exposed to contagion (teachers), administrative workers (those in contact with a large number of the general public), etc.

When should the vaccination be done?

Vaccination is highly recommended at the beginning of autumn, thus allowing immunity to be well established before the start of the winter season.

The fact that obtaining this immunity requires around two weeks to build up should not be overlooked.

From "Medicine Today", Vol 1, No 9 (February 1991).
Professor warns on measles

By MOKGADI PELA

MEASLES is among the most preventable causes of child mortality in the country, a leading virologist has said.

Professor Barry Schoub, head of the department of virology at the University of the Witwatersrand, said there were 17,890 measles diagnoses and 321 resulting deaths in 1989.

He said measles was, together with tuberculosis and cancer, among the most fatal diseases in South Africa.

Many people were disabled because most did not realise that measles was dangerous.

"Measles causes death, severe complications and permanent disabilities. It varies from bronchitis, pneumonia, infection of the middle ear, infection of the cornea which may lead to blindness, to meningitis and encephalitis," Schoub said.

Contagious

"Measles is also highly contagious. It can take the form of high fever, which is followed by a reddish spotty rash. In the case of the ebony-skinned, the rash is not easily noticeable," he said.

The rash normally appears on the stomach or groin and under arms.

According to the World Health Organisation, about two million people die annually from measles. Thus a child dies every 15 seconds.

However, measles can be effectively prevented by immunisation. Since the beginning of 1990, the Department of National Health and Population Development said it immunised 30 percent more children than in 1989.

Schoub added that the main cause of measles was overpopulation.

He suggested that an improvement of socio-economic circumstances would play a significant role in controlling the disease."
The silent killers: Fear, ignorance and superstition

By PHILIPPA GARSON

A TIRED woman walks into the Hillbrow Hospital's breast clinic and patiently takes her place in the queue. Her face is drawn, she has travelled miles and she is ill very ill. She has a lump in her breast so big that a mastectomy is surgically impossible. And the cancer has spread to other parts of her body.

She discovered the lump in her breast a long time ago but thought it came from keeping coins in her bra. She visited a sangoma who gave her a poultice. By the time she visited the clinic the cancer had spread dangerously.

Research shows this to be a typical case study among black women living in rural areas.

Breast cancer has become a killer because of a lack of knowledge about the essentially curable disease.

Medical practitioners say most black women with breast cancer wait until the disease is advanced before they seek medical help, do not return for follow-up treatment and are thus less likely to be cured.

Dr Lesley Seymour, based at the breast clinics at Hillbrow and Johannesburg hospitals, sees a marked difference between the patients at the two hospitals. "At Johannesburg (with mainly white and Asian patients) it is unusual to find women who have not had mastectomies. At Hillbrow, the disease has spread to the extent that it is too late for surgery."

Most of the Hillbrow patients arrive with cancer that has reached stage three (the lesion in the breast is over 5cm) or stage four (the cancer has spread to other parts of the body).

"Sometimes they have enormous tumours in the breast which are difficult to treat as they have grown into the chest wall, even through into the lung."

Seymour describes this condition as a "surgical nightmare".

Seventy percent of breast cancer sufferers at Hillbrow Hospital do not return for follow-up treatment due to socio-economic conditions. People from outlying areas are too poor to pay for transport and would rather not come for treatment than risk losing their jobs. Others think they are cured after a couple of treatments.

Sister Joyce Lehoka started the breast cancer clinic at GaRankuwa Hospital eight years ago and says only 10 percent of her patients come while the disease is at an early stage. The hospital services mainly rural areas.

Two years ago Lehoka researched the prevailing attitudes of 100 breast cancer patients.

Almost half of them thought the lump in their breast was an abscess which "would open up, release pus and heal". Roughly 35 percent were "unalarmed", taking no immediate action. The rest saw the lump as either caused by their baby burping on the breast during feeding, keeping coins inside their bra, or a witch's curse.

"One woman, who had fought with her in-laws, believed they had sent the lump to her breast. She paid a diviner to remove the lump."

Ninety of the 100 patients first consulted traditional healers, churches or the clinics when the cancer was at an advanced stage. The clinics were often slow to refer patients to hospitals with cancer-treating facilities.

Many women believed their "abscesses" had to be "doctored" by traditional healers or home-made potions which would "spit out" the pain and poison.

They are loath to have mastectomies, fearing the ancestors will not accept them if they are buried without parts of their bodies or that the removal of the left breast will affect their hearts, says Lehoka. And Venda women often bare their breasts in the hot climate and during traditional dancing.
Killer disease reaches Natal

DURBAN — A new killer disease, described as far more infectious than AIDS, has been detected in Natalians and drastic measures have been taken to prevent the spread through blood products.

Natal's Blood Transfusion Services have started testing for Hepatitis C, which is transmitted via blood transfusions and infected body fluids, and kills slowly by destroying the liver.

NBTS Director Professor Francisco Costa said his service was the first in the country to start testing for Hepatitis C, which was similar in symptoms to the deadly Hepatitis B, but caused by a different virus.

The latest equipment for testing for Hepatitis C was recently acquired from abroad and installed at NBTS.

Own Correspondent.
**Severe cancer service cutbacks**

Medical Reporter

The present harsh economic climate in South Africa is forcing the National Cancer Association (NCA) to make severe cuts in the services it offers, president Professor Douglas Anderson said this week.

Professor Anderson was making the NCA's first national television broadcast on M-Net in which he disclosed the NCA's plan to raise R30 million over the next five years, with an immediate target of R1.5 million.

He said the NCA's budgeted income of R11.2 million for the current financial year will still leave the association with a deficit of R1.5 million.

Apart from the cutbacks, certain services would also have to be curtailed in some cases.

The NCA is funded by public donations. State assistance amounted to less than one percent of the annual budget.

NCA southern Transvaal regional director Monica Perold told a press conference in Johannesburg that the incidence of cancer had risen from one in four people to one in three.

This meant the demand from people in need of the association's services increased while financial resources dwindled.

Professor Anderson and Mrs Perold said the NCA had an obligation to offer all South Africans the best chance "to beat cancer", but this cost money.

"The tremendous demand for our community services is a clear indication of just how sorely needed they are," Professor Anderson said.
Businessmen under stress are major candidates for heart disease. Dr Nick Lee, editor of the SA Medical Journal, takes a tough look at the reasons why South Africans are in the top bracket of heart sufferers.

Faced with a loaded gun pointed at their heart most people would have the common sense to take some prompt steps to reduce the risk to their continued presence on this planet. But this is just what South Africans are not doing, according to the Heart Foundation.

SA enjoys the dubious distinction of being in the world's big league when it comes to coronary heart disease; but attempts to get the dismal message across to a population which seems hell-bent on self-destruction continue to fall on deaf ears. Part of the problem may be that the message itself may at times be less than clear to those unused to the Talmudic hair-splitting which characterises scientific medical research. For instance, it is beyond doubt that what fors up the coronary arteries is a cheesy substance called cholesterol.

How it comes to get there in some people and not others is still something of a mystery. The message gets more complicated when the cognoscenti start indulging in such jargon-ridden diagnoses as high-density (good) and low-density (bad) lipoproteins, and how they relate to each other, and start arguing among themselves about how it happened. Stripped of all its mystery, however, is a simple basic message: if your total blood cholesterol level is too high, then your life is in danger from coronary artery disease. If you are also a cigarette smoker and weigh too much for your height and age, then you are really well launched down the slippery slope.

As far too many South Africans, particularly whites, meet all three criteria, it is small wonder that deaths from heart disease top the mortality charts. Some Afrikaners are at even greater risk because of an hereditary disorder which gives them a high blood cholesterol level even early in life. Those at highest risk though are often those who the country can ill-afford to lose — usually at the height of their intellectual powers and capabilities. They are top executives and managers living a pressured, stressful life, affluent, unfit, overweight and overindulged.

What is the danger level for blood cholesterol? Again, answers vary depending on which population group you belong to and how old you are. But as the cholesterol level increases, so does the risk.

Knowing that a high blood cholesterol level is a major risk factor for heart disease is one thing. Getting people to have themselves tested is another. Some experts believe that whole population groups should be screened, but government health authorities have usually balked at such a suggestion, mainly on grounds of cost.

A more practical approach would be to test individuals known to be at risk, such as those from families with a history of heart attacks. Another approach would be for commercial firms to set up executive health programmes which would include regular monitoring of blood cholesterol levels in their top management, coupled with a compulsory intervention programme for those caught in the net to get the flab off and the cholesterol down.

Ideally, from a medical viewpoint, the general public should be educated into awareness of the dangers of a high blood cholesterol level, and encouraged to get themselves tested. This is now much easier than it was a few years ago — new, compact test machines have become available, and the cost of screening has fallen dramatically.

But before it happens on a large scale, South Africans are going to have to get used to the idea of taking charge of their own health instead of expecting others to do it for them. Living a destructive lifestyle and then screaming for help when the body's wheels start falling off is about as intelligent as locking the stable door after the horse has dropped dead.

What is so frustrating to bodies like the Heart Foundation, now celebrating its 10th birthday, is that once an individual is known to have a high blood cholesterol level, a great deal can be done to cut down the risk of sudden death and to reduce the need for highly expensive surgery on the coronary arteries later.

Cutting down the amount of animal fat in the diet, stopping smoking, taking regular exercise and getting the body weight down are all effective ways of reducing blood cholesterol levels and reducing the risks of a heart attack. For those whose cholesterol level stubbornly refuses to come down, effective cholesterol-lowering drugs are now available — at a price.

The take-home message which comes across loud and clear from the Heart Foundation is that not only is prevention better than cure — it's a lot cheaper.
Running

Hearty advice to send the Grim Reaper

Cooper Clinic men and women.

10,000 person years of follow-up.

Ag-adjusted CVD death rates per 1000 people.

Fitness Level

High

Moderate

Low

Men

Women

The British Heart Foundation's latest report on CVD mortality in men and women shows that

higher fitness levels are associated with lower mortality rates.

The report, based on data from the Cooper Clinic, shows that men and women with higher levels of

fitness have lower rates of CVD death, with the lowest rates observed in those with the highest

fitness levels.

The findings are in line with previous research and highlight the importance of regular exercise

in reducing the risk of CVD.

The report also shows that the benefits of exercise are greater for men than for women, with men

experiencing a 30% reduction in CVD death rates for every 10 METS increase in fitness, compared

to a 20% reduction for women.

The data also suggests that the benefits of exercise are greatest in younger age groups, with

the largest reductions in CVD death rates observed in those aged 30-49 years.

The report concludes that regular exercise is a key factor in reducing the risk of CVD and

highlighted the need for further research to understand the mechanisms behind the observed

benefits.

The British Heart Foundation recommends that adults should aim for at least 150 minutes of

moderate-intensity aerobic activity per week, or 75 minutes of vigorous-intensity activity, or an

equivalent combination of both.

The report also emphasizes the importance of lifestyle factors, such as diet and smoking,

in reducing the risk of CVD.

The British Heart Foundation recommends that adults should follow a healthy diet, quitting

smoking, and maintaining a healthy weight to reduce the risk of CVD.

The report concludes that regular exercise, along with a healthy lifestyle, is essential for

reducing the risk of CVD and improving overall health.
Cancer services crippled by shortage of finance

By CARMEL RICKARD: DURBAN

THE National Cancer Association, crippled by a severe shortfall in funds, faces the grim prospect of closing its laboratory, leaving many thousands of women around the country without access to early, affordable cervical-cancer tests.

Director of the Natal branch of the association, Theony Szidat, said this week that the region was operating on a budget R1.5-million less than was needed. Only a skeleton staff could be employed to offer the hospices, education and self-help programme services for which the association has become known.

Szidat said one of the services most threatened was the laboratory to screen pap smears, based in Durban but serving family-planning clinics around the country and Namibia. Until recently the test was offered free of charge, but the association has been forced to charge R3 a slide. As a result, 20,000 of 30,000 fewer women had the test because they could not afford it.

This was cause for great concern since the family-planning clinics tended to serve women from lower-income brackets, who were most at risk from cervical cancer, she said.

If they did not have regular pap smear tests — which detect precancer changes in the cells — they ran the risk of detecting the disease too late.

"Closing down our laboratory would put some 50,000 to 60,000 women at risk every year," Szidat estimates the association needs about R150,000 to keep the laboratory going. The funds would have to come from the public since the Natal Cancer Association does not receive any state funds.

A number of other projects of the association are also under threat, or are being put on hold until the financial situation improves.

For example, the budget for grants to families of cancer victims decreased from R40,000 last year to R12,000 this year.

"This is alarming, because very often these people lose their jobs after being diagnosed as having cancer," Szidat said.

"We have tried to provide them with bridging finance until they can obtain a government disability grant. We used to be able to give them a grant for three months. But because of the shortfall in our finances, we can now give grants only for one month — and then only if we feel they are desperate cases, if they really have no other financial resources to call on."

"For most, all we can offer is a food parcel and then refer them to the social welfare department for further help."
Concern over diabetes toll worldwide

GROWING concern among national health officials about the escalating incidence and toll of diabetes throughout the world has compelled the International Diabetes Federation and the World Health Organisation to declare June 27, 1991 the first ever Diabetes-Day.

World Diabetes Day has influenced an unprecedented union of organisations, government health bodies and industry leaders to reach out to an estimated 120 million people with diabetes throughout the world, says IDF president-elect Wendell Mayes.

"Our objective is to garner long overdue and meaningful attention to this deadly killer among the public and the media, so we can begin to educate people about the symptoms and treatment of diabetes".

Exciting lives

The IDF and WHO are also mounting a historic week of diabetes-related events, including scientific presentations by experts, international health ministers and well-known public figures who enjoy exciting lives despite their diabetes.

Dr H Nakajima, director general of WHO, said: "For good reasons, AIDS, cancer, and heart disease have captured the public's attention. Now it's time to focus on another insidious killer: diabetes. It's astonishing and unacceptable that people do not know that diabetes is responsible for heart disease, stroke, nerve and kidney damage, blindness and amputation among millions of people.

"World Diabetes Day will provide the needed platform to educate the world about diabetes and more importantly, what can be done to control it," he added."
Threat of heart disease lower in Western Cape

BLACKS living in the Western Cape have a lower risk for coronary heart disease than other population groups, according to the results of a recent study.

The Medical Research Council conducted a study involving 1,000 subjects to determine risk factors for blacks which showed that more than 30 percent of males had at least one reversible risk factor for ischaemic heart disease.

Although South Africa has one of the highest heart attack rates in the world, with about 12,000 people dying annually, the percentage of black who have at least one major risk factor is about half the figure for white, Asian or coloured males.

The study showed that 52 percent of males smoked, compared with 8 percent of women. However, 25 percent of the women had cholesterol levels which posed a risk to heart disease, as opposed to 16 percent of the men.

Higher than recommended blood pressure levels were found in 14 percent of the males and 13 percent of the females.

Smoking 10 or more cigarettes per day was defined as imparting a high level of risk. Of the males, nearly 25 percent smoked 10 or more cigarettes a day.

The study was initiated because reliable data of heart disease deaths among blacks is not available.

Researchers feared that increasing urbanisation could lead to a change in diet and lifestyle which could contribute to early heart attacks.

Of the minor risk factors, the high level of obesity among black females, was an outstanding feature, with 44 percent classified as obese.

The researchers believe the prevalence of obesity has partially contributed to the development of hypertension in this group.

More than a third of both men and women took no exercise outside working hours.

The co-ordinator of the study, MRC senior researcher Dr Kristia Steyn, said the fact that so few black women smoked was encouraging. The researchers were however, concerned about the high rate of smoking among black men. - Sowetan Reporter.
Breast, cervix cancer kill thousands a year

By VIVIEN HORLER
Medical Reporter

CANCERS of the breast and cervix, the two cancers which most frequently affect women worldwide, each killed about 1300 South African women in 1988, the latest year for which figures are available.

According to a report by the Department of Health on health trends in South Africa, breast cancer is the most common female cancer worldwide, but cancer of the cervix is more common in developing countries.

Breast cancer trends in South Africa have remained almost unchanged over the past 10 years, with white women most affected and black women least.

In 1988 about 29 white women in every 100 000 women died of breast cancer, about 13 coloured women, about eight Asian women and less than five black women.

About one in 11 women in industrialised countries will develop breast cancer. Once she is diagnosed, she has about a 65 percent chance of surviving for the next five years. But her chances depend on how soon the cancer was diagnosed.

If the cancer is contained within the breast, she has an 85 percent chance of surviving for five years, but if it has already spread to the lymph nodes or beyond, her five-year survival rate drops to 50 percent.

Risk factors include exposure to radiation, a history of breast cancer in close relatives, early onset of periods and late menopause, no children and late child-bearing.

Other possible risk factors are still controversial, and include the consumption of animal fat and alcohol, no breastfeeding, use of oral contraceptives and oestrogen replacement therapy.

Cervical cancer, the most common cancer in women in the developing world, is strongly linked to early onset of sex and many partners. Male promiscuity also appears to increase the risk in the female partner, and could be as important as female sexual behaviour.

Other risk factors include low socio-economic status and smoking. In the United States almost 29 percent of cervical cancer deaths are related to cigarette smoking.

Protective factors against cervical cancer include barrier methods of contraception such as the condom and the diaphragm, and spermicidal contraceptives.

Although mortality rates are high if the cancer reaches an advanced stage, it is nearly always curable by surgery or radiotherapy if caught early, usually after a pap smear.
80% have the 'silent killer'®

By VIVIAN HORLER
Medical Reporter

EIGHT out of 10 westernised South Africans have the "silent killer" — raised blood cholesterol, believed to be the single most important risk factor for a heart attack, according to the Heart Foundation of Southern Africa.

Now a pharmaceutical company has launched a screening programme to identify those people most at risk.

Ms Rika de Ruiter of the Heart Foundation believes everyone should know their cholesterol level, because if it is too high a combination of diet and exercise can reduce it, and minimise the risk of a heart attack.

High blood cholesterol is known as the silent killer because it is symptomless at even dangerously high levels. Often the first a patient knows of it is a heart attack.

With the corporate screening programmes companies and organisations will be able to have a nurse and several cholesterol-testing machines on the premises for as long as it takes to test the employees.

The service will be free of charge, although the company will have to pay for the chemical strips used in the blood-testing, which cost R7 a test.

The test takes about three minutes and involves a finger-prick.

Miss Alyson Prowse, product manager for Logos Pharmaceuticals, which is sponsoring the tests, said an insurance company had estimated the cost between R55 000 and R550 000 to replace a senior executive who had died of a heart attack.

"And a coronary bypass operation can cost R50 000 in direct medical costs."

The cholesterol tests are accurate to within 10 percent either way, said Miss Prowse.

"We measure the total cholesterol levels, and recommend that if the person's level is high they should see their doctor for a more comprehensive test performed after a 10-hour fast."

Cholesterol is a fatty substance carried in the blood. High levels clog the arteries, which can lead to a heart attack.

By reducing cholesterol levels by 25 percent you can reduce the risk of a heart attack by up to 50 percent.

Blood cholesterol can be reduced by changing eating patterns, cutting down on fat and dietary cholesterol (found in eggs, prawns and shrimps, liver and kidneys) and increasing fruits, grains and vegetables.

Regular exercise also helps to reduce blood cholesterol levels.

The other two main coronary heart disease risk factors are high blood pressure and smoking.
Knocking the spots off measles

...and Natal identifies new flu vir

HANS-PETER BAKKER
Staff Reporter

DEATHS from measles in South Africa dropped from 137 in 1989 to 49 last year, following an intensified immunisation campaign.

Dr Leon du Toit, chief director of primary health care of the Department of National Health and Population Development, said the figures were "proof of the success which can be achieved with primary health care".

He said the incidence of measles had decreased from 11,068 in 1989 to 5,976 cases in 1990 and, after an "intensified immunisation campaign" in 1990, decreased to 3,923.

"The aim is to decrease this figure even further, since complications from measles is an important cause of preventable death among children," Dr Du Toit said.

He said the immunisation campaign was done with the help of local health authorities and parents and in the Western Cape immunisation increased from 115,968 in 1989 to 154,711 in 1990.

"If this level of immunisation had not been achieved the incidence and deaths among children as a result of a preventable disease would have been significantly higher," Dr Du Toit said.

He said the level of immunisation should remain high, to allow health authorities to pay more attention to other serious health problems.

Meanwhile, The Argus correspondent in Durban reports that the first 'flu virus to be isolated in South Africa this winter has been isolated in Natal and it is the A virus which is highly infectious and can spread to epidemic levels.

A spokesman for the National Institute of Virology in Johannesburg said that an influenza A virus had been isolated very recently at the Virology Laboratory at the Natal Medical School.

This is the first positive identification of a 'flu virus this year.

"Most doctors don't bother to send in specimens for identification because with any 'flu or respiratory virus there is no specific treatment except to relieve the symptoms," said the spokesman. This means that very few specimens are available for identification and isolation.

"Influenza A is more infectious than the influenza B and mutates (changes) which means that vaccinations do not always cover it," he said.

A virus symptoms include hot and cold shivers, sore chest and throat, severe body pains and a general malaise.

A virologist said that 'flu could only be treated symptomatically while bedrest was advised for a few days until the symptoms had cleared up.
Pneumonia now major baby-killer

VIVIEN HORLBR Medical Reporter

PNEUMONIA is now the major infectious cause of infant death in South African cities, overtaking diarrhoea.

Doctors say children of all races in South Africa are far more likely to develop pneumonia than children in Western Europe.

White children are seven times more at risk of death than children in France and the Netherlands, while coloured South Africans of the same age are 11 times more likely to die of pneumonia than whites.

Now the doctors who have produced these horror findings have called for urgent studies to discover why South African children are so at risk.

Dr Yasmin von Schirnding of the Medical Research Council, Dr Derek Yach of the Red Cross Children's Hospital and Dr M Klein say the figures for black children are "likely to be a considerable under-estimate because of under-reporting of deaths in this group".


Writing in the latest SA Medical Journal, the authors say deaths from pneumonia and other acute respiratory infections have declined substantially in the past 18 years for whites, coloured people and Asians, although the figures for black children are unknown.

The scarcity of accurate black statistics is "a glaring deficiency".

Coloured and Asian infants show a marked increase in respiratory infections in winter.

The authors say that prevention of acute respiratory infections needs attention.
Lentegeur: nine people have died of dysentery

By Heather Robertson

At least four of the dysentery patients at the Lentegeur Psychiatric Hospital in Mitchells Plain died before the various “own affair” health departments linked up to identify and curb the disease.

Allegations were also made this week of a cover-up by the authorities of the outbreak of the disease among patients in the hospital’s mental wards.

The disease, caused by the shigella bacteria, claimed its ninth victim on Wednesday.

The hospital’s “silence” has drawn strong criticism from community organisations and medical bodies.

According to sources at the hospital, the first signs of the disease were evident in April this year.

The first death from shigella — a highly contagious bacteria which causes stomach cramps and severe diarrhoea — occurred on 23 June. Doctors said the crisis at Lentegeur pointed to the disastrous effects of state fragmentation of the health services.

A source, who cannot be named for professional reasons, claimed that officials at Lentegeur were hamstrung in dealing with the crisis because of the “humbling” of various medical departments.

Lentegeur is unique in that it is the only hospital that falls under the jurisdiction of the House of Representatives.

A source said one of the patients afflicted with shigella had been turned back from a provincial hospital because Lentegeur was considered an “own affairs” institution.

It was also feared that patients at the provincial hospital would be infected.

Lentegeur, as a psychiatric hospital, did not have the facilities to treat the disease.

When the provincial authorities did not respond promptly, the Medical Research Council (MRC), which is not a service organisation, took the initiative to investigate the epidemic on 1 August.

The symptoms of diarrhoea had already been noticed in mid-May but some members of staff and the public were only informed last week after eight patients had died.

A private general practitioner disclosed that he had attended to a Lentegeur patient who had diarrhoea last week.

He had not known about the epidemic until it was revealed in the press at the end of last week.

“I saw my patient last week and I didn’t believe her when she spoke of some unnamed ‘mystery disease’ at the hospital where seven people had died.

“I feel very angry that the hospital has covered up the epidemic for so long because it’s shocking and irresponsible not to notify the general public when so many people had already died.”

It was found that his patient did not have shigella. “The best way to end an epidemic is to notify the public as soon as possible”, he said. But he

MACABRE SHOOTING: Ventersdorp victim Tykeza Myaka this week told of his night of terror after driving into a rightwing mob. See page 3

PIC: DYNAMIC IMAGES
Lenteguer

Visit to hospital of fear

By Heather Robertson

I VISITED the Lenteguer Hospital and was allowed to enter the clinic where 27 of the most severely ill patients are kept in isolation.

I had to be sprayed with disinfectant and draped in layers of protective clothing as the sister in charge of the clinic led me from one of the rooms. The most severely affected patients appeared to be unconscious, struggling to breathe. I heard the next day that he had died in the early hours of the morning.

The sister, who had admitted to fast for her own safety, was at pains to ensure that "our moral tie is tight."

"Can you hear the music. We're putting much better now," she assured me.

She said she had been depressed when the death rate increased and the number of patients in the clinic rose from 13 before the weekend to 28 on Monday.

"But we have adapted well with support groups," she assured me. Another nurse revealed that families who had not contacted patients for years had called to find out if they could take their relatives out of the hospital for good.

"This is one of the positive spin-offs of the epidemic. Families hardly keep in touch with their long-term mentally handicapped patients," she said.

There are no hard basins at the entrance to the hospital but antimicrobial sprays are used at the entrance to each ward.

Many patients, particularly those severely mentally impaired, do not have control over their bowels which makes combating the disease even more difficult. Some patients are wearing nappies.

Dr. Richard Youch of the Medical Research Council, says shigellosis is peculiar to existing antibiotics. When those failed, the hospital is in use a new drug, Citalam.

Some of the introduction of Oxtacin, staff report that the condition of most of the patients has improved, although one more death was reported on Wednesday. Three more cases of diarrhoea among staff were reported.

Yach, the director of the hospital, told us that it is an outbreak. "You can catch it from a toilet seat," he said.

According to Youch there are two different forms of the disease.

The first is a large mass-food-related outbreak. "It is in the USA, 3,000 women at a job centre contracted it. This was traced to salad which was sold at the canteen."

The SRC are now making the food and meals of Lenteguer staff at Lenteguer. This revealed that there was no cause of the outbreak.

Overcrowding

"The sound of output, which is what occurs at Lenteguer, commonly occurs in conditions of overcrowding and poor sanitation like jails, asylums, ships. I basically confined settings," said Yach.

Youch referred to the number of patients that died for itself: it was probably that they had other diseases and their immune system was weak.

A physiologist at the hospital revealed that the outbreak has affected more long-term patients because "good care has been given to severely mentally handicapped patients and that in poor conditions.

The main mode of spreading shigellosis is through food or oral transmission. It can be passed on by people who do not properly wash their hands after defaecating and spreads through physical contact and shaking hands. The initial symptoms are stomach cramps, watery stools with traces of pus and blood.

"The second dose you have to focus on very rigorous handwashing and have to wear gloves and gowns," he said.

Yach said that the staff at Lenteguer are working around the clock—armed with antimicrobial sprays—"we've got off our panic and paranoia with a good dose of vitamin B complex. Water washing has become a new form of therapy."

HOURS after an ANC commission investigating violence in Crossroads and a police delegation visited the area on Tuesday, renewed clashes occurred in the area leaving one person dead, a policeman wounded and four houses petrol-bombed.

The commission, which was established by the national executive committee of the ANC, has alleged that police have not acted fast enough to solve cases where evidence was submitted by residents.

Kosie, a two-hour meeting on Tuesday, the commission and the police decided to establish a liaison committee to deal with township violence and assist in solving cases.

Touring Crossroads were, from left, Mr. Andile Sandile, of the Umhlanga Residents Committee; Col. Jan Benadie, Athlone district commissioner of police, Mr. Sandile Mokonyama, of the ANC commission, Mr. Vincent Diba, ANC, and Mr. Patrick Mathamanyana.

SOUTH, AUGUST 15 TO 21 1991
DONOR AWARENESS ... Mr Tony Rischbieter (left) presents a video to Professor John Odell (right) to mark the launch of the Organ Donor Week in Cape Town yesterday. With him are Ms Carola Kobitz (second from right) and Ms Daphne Moses, a kidney recipient.

Staff Reporter

MORE than 1 000 critically-ill patients are desperately waiting for kidneys, hearts and livers throughout South Africa, Professor John Odell said yesterday.

Speaking at the launch of the Organ Donor Week in Cape Town, he added that less than 300 transplants are performed annually.

Prof Odell, chairman of the SA Organ Donor Foundation partly attributed the significant drop in organ donor referrals this year to the severe cost-saving measures enforced in provincial hospitals.

1 000 await organ transplants

"The medical profession still has many sceptics with regard to transplantation, particularly now when financial constraints are being considered," he said.

The number of transplants done this year was far less than previous years and this was possibly the result of a perception by doctors that if donors were not referred then money was being saved, Prof Odell said.

"This is not true. In fact, during the recent restrictions on admissions by the administrator in order to save money, transplantation was not restricted."

So far this year a total of 60 heart, liver and kidney transplants have been performed in the Western Cape, which is lagging far behind the total of 147 in 1998, he said.
Vaccine to help kids in homeland

A leading pharmaceutical company has donated a Hepatitis B vaccine, Engerix B, to Tintswalo Hospital in Gazankulu to benefit 600 children in the area.

The donation is part of an awareness drive by SmithKline Beecham Pharmaceuticals because of their concern over the lack of knowledge about the infectious disease among the general public.

The donation has been made to Tintswalo Hospital on recommendation of the University of the Witwatersrand's Department of Community Health.

"The donation of the vaccines is a move in the right direction towards achieving the ideal (of providing protection from Hepatitis B) at the grassroots level," said the head of Tintswalo's Community Health Department, Dr. Alan Pugh.

"It now needs to be taken further by making it a routine infant immunisation programme."

Hepatitis B is a highly contagious disease accounting for some 15,000 deaths a year in South Africa.

It is responsible for more deaths than measles and mumps during pre-immunisation days.

According to Professor Barry Schoub, head of Virology at Wits University, the best way to combat the disease is the incorporation of Engerix B into routine infant immunisation programmes in line with recommendations of the World Health Organisation.

SmithKline Beecham's awareness campaign is to include pamphlets, posters and editorial about the dangers of the disease.
Hay fever threatens Reef health

By Brian Sokutu

Witwatersrand hospitals are bracing for a hay fever epidemic as the level of airborne pollen yesterday soared to six times more than the safe level set by the World Health Organisation (WHO).

The University of the Witwatersrand’s pollen laboratory yesterday recorded a count of 362 pollen grains in a cubic metre of air. According to the WHO, counts higher than 50 are hazardous to health.

Dr Ann Cadman of the palaeontology department, who is a researcher at a pollen laboratory, said the spread of hay fever could be traced to trees, mainly those imported from the northern hemisphere, which relied on wind-blown pollen for fertilisation.

Few indigenous trees relied on wind pollination.

Hay fever spread rapidly when dry winds spread wind-borne pollen.

Dr Cadman said a pollen count was taken daily.

“In spring, the spread of pollen, particularly in the urban areas where many of these imported trees are planted, is worse.

“The only way out for us is to avoid planting imported trees such as ash, plane and cypress, which are wind-pollinated.”

There were ways of minimising pollen-related allergies.

“People should take anti-histamine medication or have desensitisation treatment if they prefer not to move to Namibia or the Karoo.”

In summer and autumn, grass pollen caused itching eyes, she said.
Concern as meningitis strikes Tvl

By Carina le Grange
Medical Reporter

A meningitis outbreak in the Transvaal, which has resulted in at least 11 victims being admitted to hospital, is believed to have originated in Mozambique, say medical experts.

Six people are being treated in the Leratong Hospital on the West Rand and another two in Rietfontein Hospital's isolation wards.

The disease is not restricted to the Reef.

The head of medical microbiology at the University of the Witwatersrand and the SA Institute for Medical Research, Professor Keith Klugman, said there had also been an outbreak in the eastern Transvaal, with people being treated at Shongwe Hospital.

He said meningitis was a contagious, life-threatening disease.

Rietfontein spokesman Dr Bernie Miller said five men had originally been treated for meningococcal meningitis after they were transferred from Leratong Hospital. Three had been discharged and the remaining two were doing well and might be discharged soon.

The patients were former Mozambicans.

One of the six under treatment at Leratong may be discharged soon.

An SA Institute of Medical Research spokesman said the institute had typed the strains now present as falling into a group associated with epidemics. "This is especially so in South Africa and is of great concern," he said.

Professor Klugman said he was aware of one person being treated at Baragwanath Hospital and of an outbreak in an unnamed prison recently, although in these instances there was no further spread of the disease.

Indications were that there was an epidemic of meningitis in Mozambique at the moment which had spread to South Africa through refugees.

There had been no cases of people infected by the original group at present infected.

He said, however, that most adults, and even children from as young as two years old, developed an immunity against the disease. Exposure to the disease did not mean a person would contract the disease.

The danger was that it was a disease of overcrowding which could easily spread in hostels, prisons, among military recruits and in hospitals.

Babies between three months and two years were at risk as this was the time during which they were not protected by immunity through breast-feeding and before they developed their own immunity.
THE introduction of VAT on health services means that black people are being taxed for suffering from diseases that are caused by the political deprivations, a doctor has said.

Dr Aaron Motsoaledi, vice-chairman of the Northern Transvaal region of the ANC, was addressing a fundraising dinner of the organisation on Saturday night and told the gathering that 80 percent of black people were not on medical aid, while 80 percent of whites were.

Unfair

"This means that 80 percent of the entire nation is not on medical aid and are therefore going to be taxed each time they go to a doctor or to hospital.

"When we look at the diseases that black people suffer from, you find that they are tuberculosis, cholera and kwashiokor. "All these are related to the lack of clean water and food."

Hospital

"The responsibility to provide purified water is with the Government but many areas in the rural areas have no water at all, let alone clean water.

"These are the people who get sick and are going to be taxed for being ill due to the deprivation by Government," Motsoaledi said.

"It is all so unfair," he said, adding: "We are fighting against this but who will help us?"
Move to combat diarrhoea deaths

Every year diarrhoea kills 1.4 million children under five in just 37 developing countries. The disease is especially prevalent in the poorest nations. The solution is a simple one: oral rehydration therapy (ORT) and the oral rehydration solution (ORS) contain a mixture of glucose, salt and water in a 3:2:1 ratio. This solution can help prevent dehydration.

Dr. Rachel Williams, a renowned pediatrician, states that ORT can save the lives of up to 75% of children who suffer from diarrhoea. She emphasizes the importance of ORT in treating diarrhoea and reducing its impact on children's health and development.

In Nigeria, diarrhoea is the leading cause of death among children under five. The government and health organizations are working together to promote the use of ORT and improve access to it. The goal is to ensure that every child who suffer from diarrhoea receives the necessary treatment to survive.

The importance of ORT cannot be overstated. It is effective, affordable, and easily implemented. The prevention of diarrhoea deaths is not only possible but achievable with proper implementation of ORT.

To combat diarrhoea deaths, we must focus on education and awareness. Training health workers and promoting ORT to the public is crucial. We must ensure that all children have access to the treatment they need to survive.
Soweto air puts children at risk

By ISAAC MOLEDI

Soweto children at risk

CHILDREN born in Soweto risk developing respiratory illness because of high levels of sulphur dioxide and particles from burnt coal, wood and oil.

A new study of air pollution levels in Soweto reveals that the area is three times more polluted with sulphur dioxide and other particles than suburbs and areas near big power stations.

The study, believed to be the first of its kind, was conducted by the Soweto branch of the National Association for Clean Air and the University of the Witwatersrand's Research Centre during August and September 1990.

The associate professor at the Wits Research Centre and secretary of NACA's Soweto branch Mr Harold Amegar said women and children were most affected.

He suggested alternative energy sources be found to curb the trend.

"Fuel burning and dust are the major source of air pollution in Soweto. "Although more than 90 percent of Soweto houses are electrified, people still use coal."
Early Signs of Childhood Cancer

Health

The National Cancer Association of South Africa

After detecting childhood cancer, the child needs immediate medical attention. Early detection and treatment are crucial.

When to look out for:

1. Unusual weight loss
2. Unexplained fever
3. Persistent cough or sore throat
4. Blood in the urine or stool
5. Enlarged lymph nodes
6. Persistent abdominal pain
7. Difficulty swallowing food
8. New or worsening headaches
9. Changes in vision or hearing

The sooner a child is diagnosed and treated, the better the outcome.

The National Cancer Association of South Africa

September 24, 1991
A NEW drug which manufacturers claim will prevent thousands of deaths caused by heart failure in SA is to be made available.

Enalapril makes it easier for the heart to pump blood through the body by inhibiting the production of a hormone which constricts blood vessels. Although forecasts for SA have not been made, the drug is expected to prevent 20,000 deaths and 100,000 hospitalisations a year in the US.

Loges Pharmaceuticals spokesman Terry Raats said the exact incidence of heart failure in SA was unknown but it could be expected to be on the increase as people lived longer.

Heart failure is suffered by about 1% of people in their 50s and rises with age to affect about 10% of people in their 80s. Raats said that unlike a heart attack, heart failure was almost always terminal.
Whooping cough vaccine here again

VIVIEN HORLER
Medical Reporter

A SHORTAGE of whooping cough vaccine has caused many babies to be turned away from Cape Town health clinics.

The supply of the vaccine, which comes from the Department of Health, has been erratic for some time and eventually it ran out, said Dr Michael Popkiss, Cape Town’s medical officer of health.

But the shortage was now over.

“We apologise and regret the delay caused to mothers, but we have been entirely powerless. The department have had all our requirements in advance, but they haven’t been able to supply everything.

“It has been most upsetting, but the new supplies which arrived this week mean we should be able to meet their needs.”

Whooping cough vaccine is usually given in a combined dose with a vaccine against diphtheria and tetanus at three months, four and a half months and again at six months.

But in the past few weeks babies have been vaccinated against diphtheria and tetanus only, and their mothers asked to bring them back later for the whooping cough vaccination.

Dr Popkiss said a couple of months’ delay in vaccination was unlikely to cause any health problems among individual babies, but he regretted the disruptive effect of the shortage.

“Mothers take the trouble to come to the clinics and then can’t have the full dose. It may mean we miss some babies altogether.”

A Department of Health spokesman was unavailable for comment.
Natural Terrisers from Lightning

The X-Ray (X-ray) detector is a device that is used to detect and measure the presence of X-rays and other forms of electromagnetic radiation. It is commonly used in medical and scientific applications to visualize internal structures and to study the properties of materials.

- **Know the detector:**
  - X-ray sensitivity
  - Energy range
  - Sensitivity curves

- **Safety precautions:**
  - Wear protective clothing
  - Use safety goggles
  - Avoid exposure to radiation

- **Interpretation of results:**
  - Identify abnormal areas
  - Compare with previous images
  - Consult with medical professionals

The X-Ray detector is an essential tool in modern medicine and research, allowing for a more accurate and thorough understanding of internal structures and materials.
Relief in sight after shortage of whooping cough vaccine

VIVIEN HORLER
Medical Reporter

THE nationwide shortage of whooping cough vaccine should be over by mid-December, says the Department of Health.

The shortage has been caused by a delay in the importation of ingredients needed by the South African Institute for Medical Research, which makes the vaccine.

Dr H Steyn of the Department of Health, which supplies local authorities around the country with the vaccine, said new supplies had been sent to centres, including the Western Cape.

"These supplies should reach their destination within the next several days."

He said he was confident the situation would be back to normal by mid-December.

The whooping cough vaccine is given to babies as part of the three-in-one diphtheria, tetanus and whooping cough vaccination at three months, four-and-a-half months and six months.

The Medical Officer of Health in Cape Town, Dr Michael Popkiss, said supplies of the three-in-one had been erratic lately and on several occasions had run out altogether.

In some cases babies had been turned away from clinics. Dr Popkiss said a delay of a couple of months in a vaccination was unlikely to cause any health problems.

"But the interruption of the vaccination routine is more serious. We may find that some of the babies are not brought back and miss their shots altogether."
When cancer attacks

Every Thursday in Sowetan a doctor from Alexandra Health Clinic gives advice on medical matters. It would be a good idea to cut these articles out and keep them in a safe place so that you can use them when you need them. Also, you can write to the doctor at A Healthy Nation, PO Box 6663, Johannesburg 2000. He might not be able to deal with every question individually, but he will do his best to deal with most of them in this column.

Male: Female
Foodpipe cervix
prostrate breast
mouth mouth
lips lips
pharynx tongue
foodpipe tongue
lung uterus
larynx womb
liver liver

MALE
- Do not drink too much.
- Do not be overweight.
- Eat lots of fruit and vegetables.
- Eat less smoked, cured or heavily spiced food.

FEMALE
- Eat less fat in margarine, butter, oil and red meat.
- Eat more fibre in wholewheat bread and fresh fruit and vegetables.
- Know the warning signs of cancer and see a doctor if the signs are present for longer than two weeks.

Can cancer be treated and cured?
Yes, and the sooner it is found, the better the chances of cure are. Cancer is usually treated through cutting out the growth (surgery), giving anti-cancer drugs (chemotherapy) or radiotherapy (high energy rays like X-rays).

What causes cancer?
Often it is difficult to know what causes cancer. We do know that what we eat, drink, and how we live can affect our chances of getting cancer.

This is very true for some kinds of cancer such as cancer of the foodpipe. With this cancer, smoking and not having a good diet make it more likely for a person to get it.

Smoking may also cause cancer of the lungs, mouth and stomach.

What can I do not to get cancer?
Our lifestyle is very important. The following simple rules can help you.
- Do not smoke.
TRENDS
November 1991

Time to sweeten health dilemma

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Bill of Rights doubt delays smoking law

GOVERNMENT's anti-smoking legislation, whose passage has been delayed since July, is being held up because of doubts about whether it would conflict with a proposed Bill of Rights, informed sources said yesterday.

The publication of the Control of Smoking and Advertising of Tobacco Draft Bill was first delayed in July after National Health Minister Ruth Venter met senior representatives of the tobacco industry.

The anti-smoking legislation would enable Venter to impose widespread restrictions on the advertising of tobacco products.

But sources within the National Health Ministry and in the Tobacco Action Group (TAG) — which consists of representatives of the National Cancer Association, the SA Heart Foundation and the National Council Against Smoking — agreed yesterday that the current delay was not because of pressure from the tobacco industry.

National Council Against Smoking executive director and TAG committee member Yusuf Saloojee said publication of the legislation had been delayed because the Justice Department had been scrutinising the Bill to see whether it would infringe laws enshrined in any future Bill of Rights.

Saloojee said he was confident the delay was only temporary because he believed the Bill would not impose illegal restrictions on personal freedom.

National Health Ministry spokesman Coenie Oberholster said the anti-smoking Bill would "definitely be tabled during the coming session of Parliament."
Man dies of Congo Fever

Staff Reporter

A 48-YEAR-OLD Montagu farmworker died in Tygerberg Hospital yesterday of the highly contagious Congo Fever, a Department of National Health and Population Development spokesman said.

As a result of their contact with the man, 398 people have been placed under surveillance which will continue until the end of next week, the spokesman said. They are "all well" at this stage, he added.

The man, who has not yet been identified, died at 10.15am yesterday after being ill since November 23 with the raging fever. There is no antibiotic to fight the fever, which is transmitted by the bite of a tick.

In 1994 a Mr Frans Theart and the doctor who treated him died in Tygerberg Hospital.

The disease first reared its head in 1944 in the Russian Crimea and in tropical African countries such as Zaire, Tanzania and Kenya.

In the Crimea about 800 people die of the disease every year.
Congo Fever: 400 monitored

BY IVOR CREWS

NEARLY 400 people who came into contact with a 46-year-old Montagu farmworker, Mr George Mgcanga, who died of the highly contagious Congo Fever on Thursday, are being closely monitored to ensure that the killer disease does not turn into a full-blown epidemic.

"Only those who have come into direct contact with someone suffering from Congo Fever's contaminated blood can be affected," a spokesman for the National Health and Population Development said yesterday, warning the public "not to panic".

Frantic members of the public, the spokesman said, had expressed concern about holidaying in the Montagu area and wanted to cancel their trips after reading about the farmworker contracting Congo Fever in the area.

Mr Mgcanga, who was initially thought to have contracted pneumonia, had been in contact with about 396 people including farmworkers, ambulance staff and hospital workers after he became ill on November 23.

Contacts showing any symptoms of Congo Fever will be immediately transferred to Tygerberg Hospital and placed under strict observation.

"The patient was initially taken to the Montagu Hospital, transferred to Worcester and then admitted to Tygerberg on December 1 where he was diagnosed as having Congo Fever by the National Institute of Virology," the spokesman said.
Congo Fever strikes East and Kills Fast

A situation report from the Ebola region revealed that as of the last day of reporting, a total of 107 cases had been reported. Among these, 73 cases were confirmed, and 34 cases were probable. The cases were distributed across four districts: North, South, West, and Central. The disease has a high mortality rate, with over 70% of cases resulting in death. The World Health Organization (WHO) has issued an alert, urging countries in the region to prepare for potential outbreaks. The disease is transmitted through contact with infected individuals, and the main symptoms include fever, headache, and vomiting. Treatment is supportive, and vaccination is available. The disease has spread to several countries in recent years, emphasizing the need for continued surveillance and preparedness.
Congo fever threat averted

Staff Reports

The threat of a highly-contagious Congo fever epidemic has been averted.

None of the almost 400 people who had come into contact with Congo fever victim Mr. George Mgcama, who died in the Tygerberg Hospital on December 5, had developed the fever, a spokesman for the Department of National Health said.

A surveillance programme had been mounted to monitor the 398 people who had come into contact with Mr. Mgcama, a farm labourer from the Montagu district, who had been struck down by the disease on November 23.

The disease, which is transmitted by a tick bite, has a 14-day incubation period. There is no antidote.

"All contacts have been followed up and none of them has shown any symptoms of the disease," the spokesman said.

The disease first emerged in the Cape in 1984 when a Mr. Frans Theart and the doctor who treated him died in Tygerberg Hospital.

Mr. Mgcama, who was originally thought to have contracted pneumonia, was initially taken to Montague Hospital, transferred to Worcester and then admitted on December 1 to Tygerberg, where he was placed under intensive care in isolation before he died.
Doctors warned on insulin test

SOUTH African doctors have been warned to be “extremely” careful when they use an insulin test to explore growth hormone functions which has resulted in the death of at least five children in Britain.

In the “Insulin Hypoglycaemia Tolerance Test” (IHTT), children suspected of being growth hormone deficient are injected with insulin to stimulate its production.

If the insulin makes the blood sugar level fall too low, they may sometimes require the injection of small amounts of glucose.

But in the case of five children in Britain too much insulin was injected, with fatal results.

In the most recent tragedy Dr Eugene Panieri, a South African registered doctor who is visiting Britain, is alleged to have “overdosed” a young boy who recovered.

Five days later, in June this year, at St Albans’s City Hospital, Hertfordshire, he apparently administered the test to a second child, four-year-old Bethan Little, who died.

St Albans police are investigating the case.

Dr Panieri could not be contacted for comment this week at an address in Queenstown, provided by the South African Medical and Dental Council, with whom he is registered.

“The test is done in South Africa,” confirmed Prof Francois Bonniel, head of the Endocrine Diabetics Unit at the University of Cape Town.

“It is a standard test but an extremely dangerous one if not properly supervised and not done by a doctor qualified and trained to administer it.”

He said that as far as he knew there had been no fatalities in South Africa resulting from the test.

“We are so careful that we have only used it twice on children this year, and our unit is the biggest in the country,” he said.

A Department of Health spokesman said the department was “not in a position to comment” as specialists who had knowledge of the test were “all on leave”.

Prof Bonniel said even though the test was not often performed in South Africa, he welcomed any warning about its dangers.

“When it is done, the patient must be monitored all the time, there must be qualified staff on hand to deal with an emergency and the doctor must be trained in the test — specially in how to deal with complications,” he said.

Meanwhile, health authorities in Britain are in the process of writing to paediatricians practicing in Britain to warn them that the test should be done only in “exceptional circumstances” and under proper supervision.

The warning follows an official inquiry into Bethan Little’s death and the death, as a result of the test, of four other children.

The inquiry was set up to investigate how a healthy child could have been killed by a “simple diagnostic test.”

Bethan was taken to hospital by her parents, Bob and Helen Little of St Albans, because of her short stature to examine whether she was producing growth hormone in the normal way.

Now, British doctors have been told to use alternative tests wherever possible, to make sure highly qualified staff are on hand to monitor the test and ensure they have the training to cope if the test goes wrong.

“The problems that have arisen have not come from the test itself, but from what has happened when the child has become hypoglycaemic,” Dr Peter Swift, consultant paediatrician at the Leicester General Hospital and secretary of the British Society for Paediatric Endocrinology told reporters in Britain.

According to reports, several hospitals in Britain have stopped using the test in favour of other tests known as the glucagon, clonidine and arginine tests.

All the tests apparently have certain “hazards” which need monitoring but British doctors have been told they should now be used in preference to the IHTT test, unless the circumstances are exceptional.
Incidence of flu declines

SUSAN RUSSELL

The number of South Africans falling prey to winter ailments, such as colds and flu, is declining, a survey has found.

The four-year study by consumer research company Research Surveys monitored the use and awareness of a comprehensive range of cold and flu remedies among 600 black and 800 white women over the age of 18 in major metropolitan areas.

Research Surveys director Binky Kellas said the incidence of colds and flu among white respondents had decreased from 58% in 1988 to 51% in 1991. While the incidence of winter ailments was generally higher among black respondents, there had also been a decline in this group.

"In 1988 about 68% of black female respondents suffered from winter related illnesses, compared with 55% in 1991," he said.

Generally the winter of 1991 was not severe and it is hypothesised that the severity of the symptoms of the ailments was lower."
Squatters must go, says mine hostels' owner

ABOUT 700 squatters due to be evicted this week from Durban Roodepoort Deep gold mine's A hostel had appealed to government for a reprieve, a spokesman for the group said yesterday.

However, a Durban Deep spokesman said the mine needed the accommodation for its own employees and their families and had told squatters it would stand by an eviction order awarded by the Supreme Court.

Vulindlela United Community of SA president Eric Ntshigola said his organisation — established in 1989 as a result of mass demolition of shacks in the PWV area — was acting on behalf of squatters and had asked for the deadline to be extended to January 31.

Intervene

It had appealed to Local Government and National Housing Minister Leon Wessels, Justice Minister Kobie Coetsee and Law and Order Minister Henri Kriel to intervene in postponing the eviction.

The squatters — among them a small percentage of miners — had to leave the mine premises by January 2 in terms of the court order granted to the company on December 4. Ntshigola said he said the organisation was only informed of the eviction date two weeks before Christmas and had been unable to make arrangements to help people due to be evicted.

The Durban Deep spokesman said the squatters "took it upon themselves to occupy the hostel when a Mr Jack Morebudi approached the mine about a year ago to purchase the hostel". The sale had not materialised.

The building had been extensively vandalised and numerous attempts by the mine management to solve the problem had failed. Overcrowding and unhygienic conditions had led management to approach the court for relief, the spokesman said.

"Management is prepared to provide transport for A hostel occupants and their belongings to within a radius of 100km in order to facilitate a smooth evacuation."

The judge had asked the mine to defer eviction until the beginning of January because of the approaching Christmas season, the spokesman said. Although management had been asked for a further deferment it had indicated to the squatters that it would stand by the court order.

"The mine intends to repair the damage and convert the hostel into married accommodation for its own employees as soon as it is practically possible."

Ntshigola said possible options available to squatters included accommodation in Nigel and in Poopjie, near Lenasia.

Incidence of flu declines

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HEALTH & DISEASES - MISCELLANEOUS DISEASES

1992 — 1993
DISEASE
CONTROL
Polio may soon be eradicated, just as smallpox has been removed from the face of the Earth.

POLIOMYELITIS may soon join smallpox on the list of the world's eradicated diseases, says the Department of Health's epidemiology director, Dr Horst Kustner.

The idea first raised eyebrows in many quarters and was branded sheer speculation and ambition gone wild, but it has become an achievable dream: "Polio may soon be eradicated just as smallpox has for all practical purposes been removed from the face of the Earth," he says.

The global smallpox eradication programme of the World Health Organisation and the local Primary Health Care Programme has led to a new era of disease control.

The same principles and techniques are being applied to polio control.

The drop in the incidence of polio is already evident: in 1972 almost 900 cases were reported. But between 1980 and 1989 an average of 120 cases were reported per year.

In 1990 this dropped to five cases — and to date no cases have been reported for 1991.

Dr Kustner said a two-fold strategy applied to the eradication of polio: vaccination and surveillance and containment.

"Whenever a case of polio is reported or a person is suspected of harbouring the disease, health services must be notified fast, the patient isolated and all susceptible contacts of the patient vaccinated."

He says polio is a vaccine-preventable disease and immunisation must be maintained since humans are the only hosts for the polio virus.

CARINA LE GRANGE
Skin cancer: Computer's warning
Educate parents to cut hospital costs

PARENTS should be taught how to recognise and deal with acute respiratory infections in children, thus avoiding unnecessary hospital visits.

Dr Karen Wolmarans, who won the Triomed Scholarship for Medical Research, says about 20 percent of the out-patients who visited the Red Cross Children’s Hospital in Cape Town could have been managed at home without medication.

"Acute respiratory infections, particularly pneumonia, are very serious in children and the death rates in South Africa are up to 270 times higher than those recorded in Western Europe. " At the same time, many of the out-patient visits are for trivial infections which could be managed without antibiotics at home," Wolmarans said.

"Managing director of Triomed Dr Pietman Botha said Wolmarans' suggestion was important to child health in the country. - Swartland Reporter."
MANUFACTURERS of the hepatitis-B vaccine should make the drug available to developing countries at an affordable price, according to an article in the latest issue of the South African Medical Journal.

Experts at an international conference on the control of hepatitis-B in developing countries, which was held in Yaounde, Cameroon, said the virus was afflicting more than 300 million people worldwide.

The conference further called on countries to:

* Recognise the significance, especially to children, of hepatitis-B infection;
* Recognise the right of all children to protection from hepatitis-B infection;
* Support the development of hepatitis-B vaccines combined with other childhood drugs;
* Establish a global fund for vaccine purchase and delivery; and
* Provide hepatitis-B vaccine to children in all countries as part of the expanded programme for immunisation.

The experts said the burden of the disease exceeded that of diphtheria, AIDS, cholera and polio.
Quiet tragedy envelopes maiming fever’s victims

A NEW phrase is making an appearance in the language of the medical world: “Polio the Pitiless”. It reflects the growing realisation that poliomyelitis, the maiming fever that laid low multitudes in sweeping epidemics before the coming of the preventive vaccines, has an aftermath that no one foresaw at its onset, anything up to 60 years ago.

Recent reports rejoice in the news that polio has been virtually eliminated from the greater part of the world, thanks to the wide adoption of anti-polio vaccines. But that triumph of medical science has little bearing on this problem. It is a new problem, affecting all those who have already (perhaps half a century ago) experienced the massive destructive effects — greater or lesser, according to individual fortune — of the polio virus, and who have made a partial recovery.

What is happening is that as they grow older, they become increasingly disabled — new disability piled on old. This comes after a lifetime of overcoming the physical handicaps.

It is not necessarily a weakening of the muscles as a normal manifestation of age; it is at least additional to the condition common to everyone, the accepted decline in muscle-power and brain of the elderly.

The irony is that the patient’s efforts to beat the disability resulting from the polio attack long ago are now found to be contributing to his or her new distress.

Simply stated, what the doctors believe to be the rationale of the post-polio syndrome (sometimes referred to as the “late sequelae of polio”) is that the nerve-paths first affected by the paralytic virus were obliged by the struggling patient to do work (convey the nerve signals) that they were never equipped to do.

They were called to carry the signals the totally destroyed nerve-paths no longer could.

In other words, when the branches (or network of nerves) that were put out of action by the virus — resulting in disuse and atrophy of the muscles they normally served — made a partial recovery, they were called on to do more than nature intended them to do in the first place.

They stood up to the demands vauntly. But eventually they wore out. Thus “old polios” (a semi-affectionate term used by concerned doctors) are finding the partially restored function they acquired by applying grim determination is now deserting them.

It is a poor reward for all those decades of denying that they were unable to proceed in life at a normal pace, and all those years of asserting that they were able to deal with the world on its own terms.

Scientists are studying the syndrome with some diligence, and have come up with an array of theories as to why and how the condition proceeds. But their approach so far has been essentially diagnostic, and none appears to have come up with an answer as to how to stop the process, so lately discovered.

Moreover, why should they? Polio is a disease of the past (so the world reports adumbre), so the urgent necessity that brought about the development of the Salk and Sabin vaccines in the 1950s is no longer called for.

Remember, it was America’s panic at the growing incidence of polio epidemics in that country in the 1930s that inspired the “March of Dimes” campaign, a crash fundraising effort that swept the country and resulted in speedy development of the preventive vaccines.

And it may be remembered that here in South Africa, at about the same time, polio hit often enough to spark a much-publicised effort that raised hundreds of thousands of rand for the South African Polio Research Foundation, a brand new institution, purpose-built, equipped and staffed in the name of polio.

Now renamed the National Institute for Virology, it develops other anti-viral vaccines against such diseases as Lassa fever or Green Monkey fever.

The number of ageing polio survivors grows fewer with the passing years. Of course, medical science is alert to their needs, but to no urgent degree.

This is the quiet tragedy of polio-survivors of advanced years. As one elderly veteran of the fray has put it: “I have served one life sentence. Now I am to serve another.”
THE STILLFONTEIN City Council has sent 40 000 letters to white residents, warning that they could be "contaminated" by their domestic workers.

Following a disconnection of water and electricity to the Western Transvaal township of Khuma, white Stillfontein residents have been told they are in danger of catching "cholera, dysentery, diarrhoea etc." from domestic workers living in Khuma.

In response to the letters, the South African Council of Churches (SACC) said: "What can bring people to this place of such inhumanity when one group is warned of health hazards while at the same time another group is placed in a position where the chance of such health hazards are increased?"

"Are black-lives still of less value than white? It seems as if the Stillfontein council thinks so," the SACC said in a press release.

The letters say white residents should "ensure" a domestic worker did "not prepare any foodstuffs or handle any utensils unless she has washed herself properly".
Great hope that cancer can be beaten

By MOKGADI PELA

THE general message on cancer this week has been one of hope - cancer can be beaten.

This was done through Cancer Awareness Week on the Radio 702 helpline and pamphlets focusing on the education and prevention aspects of the disease. The idea of the Cancer Awareness Week was summed up by the National Cancer Association's education director, Mrs Sonja Oudshoorn: "We wanted to reach thousands of people and make them think about cancer, find out about it, talk about it and talk to us."

According to the NCA there are more than 200 cancers. The most prevalent among black males are: oesophagus, prostate, mouth, lip, tongue and pharynx, lung and liver while females suffer cervical cancer, breast cancer, cancer of the uterus, lip and liver.

Physical factors

Ninety percent of cancers are linked to environmental factors. Tobacco smoke, diet, asbestos, physical factors such as sunlight and nuclear radiation are linked to the development of cancer.

There is overwhelming scientific evidence linking smoking with cancer of the lungs, larynx, kidneys and stomach.

The NCA lists the following rules to reduce cancer:

- Ceasing to smoke;
- Moderation in the consumption of alcohol;
- Avoiding becoming overweight and reducing fatty foods;
- Eating fruits and vegetables with a high fibre content;
- Limiting the intake of heavily spiced food;
- Knowing the warning signs of cancer and consulting a doctor if the signs persist for more than two weeks; and
- Females should regularly have pap smear tests and do monthly breast self-examinations.

The warning signs of cancer include unusual bleeding or discharge, a lump or thickening in the breast, a sore that does not heal, change in the normal bowel or bladder habits, persistent cough, indigestion or difficulty in swallowing and sudden unexplained weight loss.

Cancer is usually treated through drugs and radiotherapy. The success of the treatment greatly depends on the type of cancer, the amount of spread and early detection. The NCA this week reminded people that heeding its advice was a sure way of proving that cancer can be beaten.
Decrease in heart disease in SA

DURBAN. — The prevalence of coronary heart disease among white South Africans has decreased over the past 11 years but is still very high, according to international standards.

Dr Krisela Steyn presented figures which showed the decrease in heart disease in both white men and women at a talk at the Lipid and Atherosclerosis Society of Southern Africa's second annual congress at the Elangeni hotel here yesterday on risk factors for coronary heart disease in South Africa.

Dr Steyn, the chief specialist scientist of the South African Medical Research Council's centre for epidemiological studies, said the main risk factors remained smoking, high blood pressure and cholesterol.

"Anyone who smokes has an increased risk of heart disease. Between 1979 and 1990, the number of white people smoking actually decreased. However, more urban black women and urban Indians are taking up smoking."

According to the 1990 figures Dr Steyn presented, 4.8 million South Africans of all races between the ages of 15 and 64 smoked. The total number of people suffering from hypercholesterolaemia (high cholesterol level) is also 4.8m.

Similarly there are 5.4m South Africans of all races between 15 and 64 years of age who suffer from high blood pressure.

Dr Steyn said the best way to change this trend is lifestyle modification in the form of not smoking, adapting eating habits and taking moderate exercise.
Cholera rumour quashed

KATHRYN STRACHAN

REPORTS of a cholera outbreak in the Zevenfontein squatter community were yesterday dismissed by Bryanston DP MP Rupert Lorimer as right-wing rumours spread to create fear among whites ahead of the March 17 referendum.

Transvaal Provincial Administration (TPA) representative Zaktie Lombard and squatter spokesman Pinky Moloi confirmed there were no incidences of cholera.

TPA liaison officer Magda du Toit said the administration’s clinic had found eight cases of diarrhoea.

Lorimer said it was surprising there had not been a cholera outbreak, given the squatters’ living conditions. Better toilet facilities and more water were needed to ensure that disease did not break out, he said.

The biggest problem was that the camp, being so near the Klein Jukurie river, posed the threat of sewage seeping into the water — which put the squatters at great risk of contracting diseases such as cholera, he said.

The TPA said the Department of National Health and the Randburg Town Council were being called in.

Inkatha and police hold talks on violence

THE Inkatha Freedom Party held discussions with the police yesterday, Soweto police liaison officer Lt-Col Tienie Halgryn has confirmed.

He said if the party wished to release a statement on the matter, “then we have no comment”.

Inkatha central committee member Themba Khoza released a statement last night saying further discussions would be held within six days.

“The SA Police undertook to invite an ANC delegation to attend,” he said.

Khoza said yesterday’s meeting was called after the latest attack on Soweto train commuters and the shooting of IFP members by the police at InhlaZane station on February 27”.

Khoza was referring to an incident when a group of armed men, apparently from the Jabulani single-sex hostel, attempted to board a train at the InhlaZane railway station.

Police refused to allow the men on the train, and then used teargas to disperse the group. Three people were injured. — Sapa.
The Minister of National Health

VIELE

The Minister of National Health, in the course of Section 252 of the Constitution, addressed on 1 December, 1977, elected the Committee on the Draft Constitution in its Full composition, as

No. 12 THE DRAFTING COMMITTEE

Arapo, A.M. (Chairman)

1. (a) (b) (c) (d) (e) (f) (g)

2. (a) (b) (c) (d) (e) (f) (g)

The Constitution of the Republic of South Africa

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### HOUSE OF ASSEMBLY

**Parliamentary Services**

- In the House of Assembly, the Minister of National Health is responsible for the provision of hospital beds.

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**Ministry of Posts and Telecommunications**

- The Ministry of Posts and Telecommunications will provide financial support for the construction of new buildings and the expansion of existing facilities.

**Questions**

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Nutrition aid spending

HALF of the R220m allocated by government for its Nutrition Development Programme in 1981/82 had been spent in the first three months, National Health Minister Rina Venter, said yesterday.

Since the inception of the NDP, 270 groups had applied for funds and 194 had received them. The balance of R110m would be paid out this year.
‘Hunger tragedy weeks away’

Owen Correspondent

Johannesburg. — Operation Hunger is in desperate need of funds as an estimated 3000 to 5000 starving people approach the organisation every week, executive director Mrs Ina Perlman said yesterday.

She said there had to be a greater awareness of the hunger tragedy that is a couple of weeks away.

“We need your money now, as we have never needed it before,” Mrs Perlman said.

She added that past funds from the government — R10 million over three months — only covered a fraction of Operation Hunger’s needs.

The organisation requires R9m a month for the next nine months, and presently spends R7m a month feeding just under two million people, but fears that there might be 2.25 million people by the end of June.

Mrs Perlman blamed the problem on the slave wages paid to farm labourers and domestic workers and said it made it impossible for workers to maintain their families in reasonable health.

“We must accept that we will never wipe out chronic malnutrition in this country until there is a minimum wage for farm and domestic workers; anything less is bandaging open sores,” she said.

Mrs Perlman said Operation Hunger would soon approach the government for more money, and would also travel to Europe and the United States on a “begging bowl” trip. She said she did not think the country’s political leaders knew how bad the problem is.
A STRONG appeal to the Government for urgent and decisive action to combat poverty and malnutrition in South Africa has been made by Independent Development Trust chairman, Mr Jan Steyn.

He was speaking on behalf of the Nutrition Society of Southern Africa and the IDT.

Steyn urged the Government to adopt a committed and co-ordinated approach to malnutrition on a short as well as long-term basis.

"The present ravages of the drought and rapidly escalating levels of unemployment are the recipe for a nutritional catastrophe of unprecedented proportions," he told the congress.

Steyn pointed out that the most basic survival needs of food and safe shelter, including safe water and sanitation, were inadequate for a large proportion of the black population.

At least 12 per cent of black pre-school children suffered from chronic protein energy malnutrition, while 31 percent of rural children and 10-15 per cent of children in urban areas were underweight, Steyn said.

He said certain key issues which had to be addressed included:

- The establishment of a directorate of nutrition within the health department; and
- The appointment of an advisory council to advise the Government. - Sapa
Food or Death: Waiting for...
Diet boost for Bishop Lavis mums, babies

ANDREA WEISS
Medical Reporter

A PILOT project to supplement the diets of mothers and babies in Bishop Lavis could be the beginning of a national health revolution.

Funded from the government's food aid programme, the project is based on dramatic success achieved in Chile over the past 30 years.

In Bishop Lavis, the objective is not merely to provide food parcels, but to cut the vicious cycle of poverty created by under-nourishment which stunts physical and intellectual development.

Mothers will be required to attend clinics regularly to qualify for food parcels. The first will be a forum for education on breastfeeding and weaning practices and ensure full immunisation of children.

Dr Spinell Benadé, who heads the Medical Research Council's new National Programme Nutritional Intervention, is enthusiastic about its prospects.

"We can make nutritional miracles happen before socio-economic miracles," he maintains.

Chile has achieved remarkable success with its nutritional supplementation programme, political upheaval notwithstanding.

In the past 30 years the country has been transformed from a Marxist government to a military dictatorship and now is ruled by an elected government of Christian democrats.

The country, which once had the highest infant mortality rate in South America, now has the lowest: a drop from 200 a 1,000 people to 15 a 1,000.

Further evidence of this success story is that the average Chilean height has increased by 12cm.

Dr Benadé says he was "converted" when he visited Chile a few years ago and believes it is time to depart from the traditionally held view that the problems of poverty are outside the ambit of scientists.

The MRC is the guiding force behind the Bishop Lavis scheme and is seeking to "go into partnership" with anybody able to set up nutritional intervention projects elsewhere in the country.

Dr Benadé is adamant that the MRC does not wish to duplicate services but to provide scientific backing to ensure that the limited money available is spent most effectively.

He says under-nourishment is costing the country an enormous amount in lost human potential.

He points out that no scheme in South Africa can be universally applied because of regional and cultural differences in diet, and different models will have to be developed for different parts of the country.

Models are in the pipeline for Stellenbosch, Lebowa in the Northern Transvaal and Namaqualand.

Bishop Lavis has been chosen for the pilot because a high percentage of babies born there are underweight, indicating that the mothers are undernourished.

Work on establishing a scientific basis for the project has already started.

From July, women in their last three months of pregnancy will be given appropriate food parcels when they visit the clinic. The only requirement will be that they attend the clinic every month until their children are two.

Dr Fernando Monckeberg, brainchild of the Chilean programme, is visiting South Africa and has a special interest in the Bishop Lavis project.

He puts Chile's success down to dramatic improvements in feeding, education and sanitation.

Dr Monckeberg says a project of this nature takes at least a generation to show results. Because of political changes, an "institution with prestige" is needed to elaborate the policy and keep it running for a long time. In Chile's case it was a university that played this role.

"It takes a whole package to improve the quality of life of the total population. The results are not short-term. The most difficult thing has been to keep the equilibrium."

"Poverty is not just a question of social justice. It doesn't just damage the individual but the whole country."
Cape cancer body targets townships

ANDREA WEISS
Health Reporter

CANCER is still significantly more prevalent than Aids, says the National Cancer Association.

It is estimated that one in three South Africans will have some encounter with cancer, be it a mild form of skin cancer or something more serious.

The Cape Western branch of the association is actively engaged in a programme to reach people with cancer in the townships of the Western Cape, an area which has largely been ignored in the past.

Among the difficult tasks it has set itself is to establish exactly how many people in the townships are affected and which cancers are prevalent.

At present, most cancer statistics for these areas come from hospitals where people who are seriously ill present themselves.

But this obscures the real picture which has yet to be established in the mushrooming new settlements of the Western Cape.

Mr Jo Lazarus, assistant director of the branch, believes it is “crucial to establish the scale of needs” to provide the right kind of services.

Philani project in Langa is actively engaged in tackling this task.

Target areas include an educational and information service aimed at preventing cancers, 75 percent of which are caused by environmental and lifestyle factors.

The association also wants to expand its patient care into these areas. This includes screening services, referrals and setting up home care for cancer patients.
Warning on Vitamin K injections

By Marika Shee

A vitamin injection routinely given to South African babies at birth may double the risk of cancer in childhood.

Fears about injections of Vitamin K surfaced in Britain last week after a study by Jean Golding, professor of paediatric and perinatal epidemiology at the Institute of Child Health in Bristol, found a statistical link between Vitamin K given by injection and leukaemia. There was no link found between Vitamin K given by mouth and any cancer.

The Independent newspaper reported that the British Department of Health was taking advice on its recommendation that all new-born babies should be given Vitamin K in the light of the new study's findings. A spokesman for the South African Department of National Health said the department was unaware of the new findings and would not reconsider its recommendations on Vitamin K injections at birth until more insight was gained into the study and its implications.

Unaware

Dr Harr Pretorius, chief director of the department's Advanced Health section, said he had consulted a number of professional bodies, including the UCT Centre for Safety of Medicines, all of whom were unaware of the British findings.

The injections had been used routinely at birth for 40 years, he said, and he would be surprised if there were a link with increased risk of cancer.

All new-born babies are low in Vitamin K, which is essential for the blood-clotting mechanisms. Vitamin K is given to prevent bleeding, which can cause brain haemorrhage, disability or even death.

Professor Golding reportedly found an association between Vitamin K injections and childhood leukaemia two years ago, but believed it could have been a chance finding.

However, her new survey, which involved a much larger group of children, has confirmed the earlier results.

Professor Golding said equal and effect still had to be proved. While she now felt it might not be a good idea to give Vitamin K by injection, it should still be given orally.
Cases of flu on the decline in SA

FEWER South Africans are getting flu, and indications are that this slide will continue this winter, researchers have found.

Conducted by research company Research Surveys among 800 white and 800 black women in major metropolitan areas, the survey found that the incidence of winter ailments such as coughs, colds and flu decreased from 58% of the population in 1988 to 53% last year.

The Wintercheck study monitored awareness and usage of a comprehensive range of cough, cold and influenza remedies and other associated products.

The researchers said although whites on average used more boxes of tissue paper than blacks, significantly fewer respondents of both races used tissues last winter.

Binky Kellas, director of the company's Omnichek division, says: "The incidence of winter ailments (coughs, colds and flu) has decreased from 58% in 1988 to 51% last year."

The downward trend is particularly clear in the case of husbands of white respondents — from 51% in 1988 and 1989 to 43% in 1990 and 41% in 1991.

"The drop over the past three years in the incidence of coughs, colds and influenza is also apparent among white and black respondents' children aged 16 and under," the survey says.

In 1988, about 66% of black women suffered from winter-related illnesses compared with 83% last year.

"However, the incidence of winter ailments for every year of the study was higher among blacks than whites — and particularly among adults."
First aid for skin harmed by bleaching

The "Black is Beautiful" message appears to be falling on deaf ears. If black women were hearing it, they wouldn't still be using skin-lightener creams, and be in desperate need of help to repair the damage caused by the creams' bleaching chemical.

Most skin lighteners contain hydroquinone — an active colouring chemical that bleaches skin. Local skin specialists say the damage caused by the cumulative use of hydroquinone is irreparable, but Dr Danne Montague-King, an American biochemist who visited South Africa recently, is confident that there is a treatment that can remove those blemishes, ugly spots and dark patches of damaged skin.

He claims that his treatment, which is available over the counter in South Africa, will "give you back the skin you had when you were born".

For many years, black women have eroded, damaged, and burnt their skin with products that were not meant for them, says Dr Montague-King, who claims to have pioneered the first effective treatment for black skin in the United States.

He says facial creams with more than two percent of hydroquinone are banned in the US. In South Africa, skin lighteners that contain hydroquinone used to be sold over the counter, but are now available only on prescription, says a local dermatologist.

Dr Montague-King's research in this country has led to a "botanical breakthrough of natural enzymes and acids" which he claims can help repair damage caused by hydroquinone. Through a three-stage treatment, products can "bring life back to a dead skin".

The treatment involves a cleanser which removes ashy, dead dark skin cells and excess oils. It also controls acne, blackheads, whiteheads and prepares skin for the next product that fades dark spots and uneven colouring naturally, he says. A sun block is used to protect the skin against the harmful rays of the sun.

Black skin has certain advantages, says Dr Montague-King: black people have more epidermal (outer) layers of the skin, and larger oil and sweat glands that moisturise the skin; also, black skin has the ability to reproduce new skin cells faster and therefore does not visibly age as fast. But these "pluses become minuses if the wrong chemistry is used", he says.

Sceptical

However, two prominent dermatologists — who cannot be named for ethical reasons — are sceptical of Dr Montague-King's claims.

A Bedfordview dermatologist says there are a number of products derived from natural acids that are currently available in South Africa. Those superficial peeling agents, he says, can heal acne, blemishes and other pigmentation problems.

But the damage caused by hydroquinone is deep within the skin. Treatment applied on the outside of the skin cannot penetrate deeply enough to repair damage. Says one dermatologist: "There is no cream that can shift the permanent pigmentation damage from the use of hydroquinone."
Woodstock alleys
a health hazard

By KURT SWART

The lanes and alleys of Woodstock have become a health hazard with uncontrolled dumping of refuse threatening typhoid and other diseases as well as causing a large rat influx to the area.

And the main culprits in the dumping of household waste are the residents themselves, says Mr David Oliver, a city council environmental health officer.

Mr Oliver is also a B Admin (Development Studies) honours student at the University of the Western Cape and is researching community participation in the maintenance of Woodstock's alleys.

"Every day a council team cleans the lanes. On Wednesday the whole labour force is used to clear the lanes. For health inspectors dirty lanes are a priority, but not it seems for the residents," Mr Oliver said.

He said the problems with the lanes, particularly in lower Woodstock, were increased rodent activity in the form of rats, bad smells emanating from the lanes because of the amount of refuse dumped there, and a large vagrant population, many of whom defecate in the lanes.

"The rats are brought to the lanes by the refuse. Despite being cleaned every day, the refuse in the lanes contains enough food for the rats to be there on a daily basis. We have free rodent control for residential premises and we have received quite a number of complaints.

"Flies breed in faeces and in refuse. For example when a rotten fish lies in the lane for a day, flies will breed in it, bad smells will emanate, and the risk of disease is increased.

"Children are vulnerable to diseases like typhoid and diarrhoea carried from the refuse into households by flies who settled on food and babies' milk."

Residents were largely to blame for the situation, said Mr Oliver.

"Residents know council will do the cleaning-up, so they just throw their garbage over the walls of their property into the lanes.

"When a law enforcement officer goes along to enquire who has dumped the refuse, nobody knows."
Perils of travel through Africa

SOUTH Africans traveling in Africa have been warned by a medical expert to take precautions against certain diseases, some of which are potentially fatal.

"The major risk which faces any business person in Africa is contracting numerous infectious diseases," Dr Simon Robson, deputy director of the Medical Research Centre of the University of Cape Town, told members of the South African Foreign Trade Organisation.

He said the major diseases were malaria and cholera, but there was a growing danger from hepatitis-B.

"Looking at hepatitis-B, the facts for Africa are frightening," he said. "Estimates are that between eight and 15 percent of all Africa's inhabitants are chronically infected with it. However, between 70 and 95 percent of the continent's inhabitants have been exposed to the virus."

The disease, which affected the liver, was transmitted through human body fluids and could be contracted from inadequately sterilised hypodermic or surgical needles, he said.

It was now suspected that it might also be transmitted by blood-sucking insects such as bedbugs.

Robson advised business people to try to travel in pairs or groups and arrange for a member of the party to see that any needle or syringe that was about to be used on another member of the party came from a sealed pack.

Travellers should have themselves vaccinated against hepatitis B before going to a part of Africa where there was a high risk of infection, he said.
Bara strikers dig in their heels

THE NATIONAL Education and Health Workers Union yesterday vowed to defy a court interdict and continue with their strike and pickets over wage grievances at Baragwanath Hospital.

A Nehawu spokesman yesterday said the union members from 10 other clinics in Soweto were expected to join the strike.

A Sowetan team which visited the hospital yesterday found workers at the kitchen preparing food.

The workers, as well as those in the theatres and mortuary, are exempted from the strike.

Nurses and doctors have to fetch the food from the kitchen for distribution to patients.

"We are operating normally although the floors and other areas are not clean. Nurses fetch the food for patients in the wards," a chef said.

Some workers at the theatre were found performing their normal chores, though one said: "It is a bit slow since Monday. But we are all the same on duty and exempted from joining the picket."

Nehawu spokesman Mr Chicks Moletsane yesterday accused the hospital authorities of unfairness and said: "They asked the TPA to apply for an interdict restraining us from picketing in the hospital instead of solving the problem."

Baragwanath officials yesterday locked doors leading to the administration block and security personnel barred reporters from entering.

An attempt to reach the hospital spokesman for comment through the telephone also drew a blank.

It was yesterday reported that student nurses at the hospital held a meeting on Monday where a decision was taken to picket daily for an hour in sympathy with the striking workers.

"We are prepared to resume our duties as soon as the authorities respond to our demands," Moletsane said.
Cancer, birth defects most controversial

ILLNESSES attributable to chemicals used in agriculture vary widely.

Of possible long-term effects, the potential of agrichemicals to cause cancer and birth defects has aroused the most controversy, says Dr Lesley London of UCT's department of community medicine.

Despite the controversy, evidence is accumulating for an association between cancer and TCDD, a contaminant of some herbicides and present in the defoliant (Agent Orange) used extensively in the Vietnam conflict, says Dr London, writing in the South African Medical Journal.

TCDD has been shown to cross the human placenta and to cause fetal abnormalities in laboratory animals.

Impairment of the immune system has also been associated with agrichemicals.

As well, Dr London notes the following:

- Paraquat exposure has been implicated in the development of early onset Parkinson's disease.
- Skin problems may be caused by a wide range of agrichemicals, including paraquat, organophosphates and organochlorines.
- Dizziness, blurring of vision, increased secretions and ultimately muscle paralysis and respiratory failure are associated with organophosphates and carbamates.
- The development of central nervous system damage is associated with organochlorines.
- Recent interest has focused on the contribution of organophosphate exposure to the development of neuropsychological problems.
- Organochlorine pesticides have been implicated in liver and renal damage in experimental animals; kepone is known to be toxic to the liver in humans.
An African village... where malaria often strikes.

WHO's battle
Key in the Diversity the
made to order
Malaria tight is
Pneumonia still lethal among SA infants

South 20/6 - 24/6 1992

Pneumonia is the major cause of infectious deaths among infants in many South African cities, including Cape Town.

But MRC researchers say pneumonia deaths among black children are probably under-reported and the data therefore unreliable.

Among coloured children under the age of one year, pneumonia accounted for 14.5 percent of deaths and among white and Asian children, 6.7 percent last year.

While the pneumonia mortality rate among whites, coloureds and Asians has declined substantially in the past 18 years, it is still at least seven times higher than the death rate in developed countries such as France and the Netherlands.

The researchers recommended that attention be given to the prevention and early treatment of pneumonia.

Factors that need to be considered include malnutrition and indoor pollution, both from tobacco smoke and the burning of domestic fuel.
Concern as Govt puts out tender for banned DDT

THE Government has put out a tender for 213 tons of DDT insecticide, a banned substance in South Africa and most other countries.

Although it is banned, the banning notice makes provision for its use in malaria control, as long as it is not used outdoors where it can harm the environment.

But according to a recent thesis done through the University of Potchefstroom, it has been detected in the environment, and in the breast milk of mothers living in the areas sprayed.

Since the 1950s the insecticide, which stays in the food chain almost indefinitely and causes cancer and deaths in certain animals, has been used against malaria-carrying mosquitoes in South Africa.

It is sprayed in the mud huts of people living in northern Natal and KwaZulu and northern Natal by authorities linked to the Department of National Health. "DDT has never killed a single person," said Dr Edmund Hartwig, specialist scientist at the Department of National Health.

He said it was essential to use DDT because it was the best alternative and, if it was not used, the incidence of malaria would shoot up.

**High levels in breast milk**

But Dr Henk Bouwman at the University of Potchefstroom has just done research on DDT levels in humans and nature in KwaZulu, and has found very high levels in breast milk and babies' blood serum, and lower levels in the region's fish.

He acknowledged that no human had ever died of DDT poisoning since no one could ingest enough of it. And it did not cause cancer in humans.

But it does cause liver damage in children and adults very similar to that caused by alcohol. And the effects on babies, whose neurological functions are not fully developed, has not been studied.

DDT is used because it is cheap and because it breaks down extremely slowly. This is bad news for the environment, because it persists in the food chain and becomes more and more concentrated as it passes through the different animals, until there is a lethal dosage and predators start dying.

According to Hartwig, DDT is the only substance effective in mud huts, because all other insecticides soak in, while DDT eventually crystallises out of the mud.

But new research, being done overseas and in Natal by the Medical Research Council, is showing that synthetic pyrethroids could be the answer.
vaccine at birth

Towards a super-

Better than cure

(89)

since 1971/92.

Vaccination: the tool to combat the world's problems, the weapon to win the battle against preventable diseases. The World Health Organization spearheads the goal of achieving universal childhood immunization. Although 80 percent of the world's children are now protected against major childhood diseases, the search for a completely effective and safe vaccine continues.

Although the United States has made significant progress in reducing the number of cases of infectious diseases in recent years, there are still many challenges to be overcome. The development of new vaccines and improved vaccination strategies are crucial to achieving this goal.

In summary, vaccination is a powerful tool in the fight against preventable diseases. By investing in research, ensuring equitable access to vaccines, and promoting public awareness, we can make significant strides in improving global health and achieving the goal of universal childhood immunization.
This won’t hurt ... drug companies are striving for an all-in-one vaccine.

Jacques Armand, Merieux’s vaccine development and production director, says it will be feasible within two years to expand DTP into a multi-valent vaccine, by adding polio, hepatitis B and haemophilus influenzae b (the latter is a relatively new vaccine which protects against a common form of bacterial meningitis).

A more serious obstacle to combining childhood vaccines is that the current strains need to be given at different ages to provoke the best immune response.

It would be impossible, for example, to add the current measles vaccine, given at 12 to 15 months, to DTP, which is generally given in three doses at two, three and four months.

So the search is on for new strains that will confer immunity soon after birth.

Non-genetic techniques will also improve existing vaccines. The World Health Organisation (WHO) is particularly keen on micro-encapsulation, a new delivery system based on tiny biodegradable capsules which release vaccine slowly into the bloodstream in a way that mimics repeated injections.

Goal

The worldwide effort to produce a vaccine against malaria — which kills about 2 million people a year, mostly African children — will be successful within five years, Merieux believes.

Multiple vaccines will help the WHO and Unicef (United Nations Children’s Fund) to achieve their goal of universal childhood vaccination. Already 80 percent of the world’s children have been immunised against the six main childhood diseases — measles, diphtheria, whooping cough, tetanus, polio and tuberculosis — compared with only 10 percent a decade ago.

Only about 20 diseases have commercially available vaccines. There is none yet for many diseases that cause widespread death, including dengue, rotavirus diarrhoea, hepatitis A and E, acute respiratory infections, meningococcal meningitis, malaria and AIDS.
The PCU plans to conduct a vaccination drive at the hospital to combat Cholera, which has been spreading rapidly in the area. The drive will be held on weekends, with a focus on reaching the elderly and children who are most vulnerable to the disease. The hospital has provided all necessary medical equipment and personnel for the vaccination process. The community is encouraged to participate actively in this initiative to control the outbreak.
Flu virus danger

A DANGEROUS flu virus is sweeping through the greater Maritzburg area in the Natal Midlands, leaving a number of people dead.

Maritzburg health department spokesman Dr. John Esselen said several deaths had been reported, but he could not provide statistics.

All age groups, he said, had been affected. But young children and old people were more susceptible to infection. Smokers and asthmatics had been most affected.

-Xopa.
JOHANNESBURG's City Health Department has launched a campaign to tackle the high incidence of child deaths caused by acute diarrhoea.

"Each year, thousands of children under the age of five years die from acute diarrhoea in South Africa," the city's director of community health, Dr Eric Buc, pointed out in a statement.

"Almost three quarters of these deaths are due to dehydration which can be prevented by the application of a very simple and cheap remedy."

The campaign will encourage the use of oral rehydration therapy by families in the home through the distribution of pamphlets, posters, an intensification of health education for mothers at health clinics and possible television and radio advertising. ORT consists of giving the child a solution of sugar, salt and water to drink to replace the body fluids lost through diarrhoea. - Sapa.
Pollution
Pollution, respiratory tract illnesses link investigated

Data collected on more than 10,000 children between the ages of eight and 12 as part of the Vaal Triangle Air Pollution Health Study (Vaps) have indicated that up to 70 percent of the children suffer from respiratory tract illnesses during the year. Pharmacy Today reports.

The Vaps project was set up two years ago by the Medical Research Council (MRC) to establish the levels of air pollution in the industry-intensive Vaal Triangle and whether these levels are affecting the health of residents.

The respiratory conditions reported in children include sinusitis, earache, hayfever and chronic runny noses. "The high levels of particular matter and pollen measured in the region could be an explanation for these conditions and are being investigated further," Dr Petro Terblanche of the MRC explains.

Asthma

The prevalence of lower respiratory tract illnesses (bronchitis, pneumonia, wheezing, chronic cough), was 29 percent in the Vaal Triangle population. The normal distribution of this in the South African population is not known.

The prevalence of asthma was 7.7 percent, which is similar to what is expected in the general South African population.

Significant risk factors for respiratory illnesses in the Vaal Triangle children are the period of residency (the longer the residency, the higher the risk), maternal smoking, younger age and female gender. The study also found that there is a strong correlation between the mother's concern about air pollution and the prevalence of respiratory illnesses.

It is assumed that because the child is ill, the mother is aware and concerned about air pollution rather than the opposite. This hypothesis is currently being tested.

The preliminary results of the Vaps have now enabled the project to focus on specific problems. The top priorities of the study for the next two to four years are:

- To determine the relative contributions of pollen and man-made air pollution to the high percentage of children suffering from upper respiratory illnesses.

This data is crucial in decision-making regarding control priorities.

Evaluate

- To closely evaluate the levels of gaseous pollutants to ensure that the levels are acceptable and are not a health risk to the population.

- To characterise risk factors such as maternal smoking and coal-burning better and to communicate the results to the Vaal Triangle residents.
HALF the population does not have access to adequate sanitation, the Water Research Commission said yesterday.

The commission found in its investigation into sanitation that in urban and rural areas, 18-million people live without proper sanitation.

In urban areas, a third of the people do not have adequate sanitation. In addition, about 9-million people (one in every four) do not have access to a safe water supply.

"This involves major health hazards as diseases relating to human waste and impure water are the cause of the majority of infant deaths in developing countries," the commission warned.

Gastric disease was a major cause of death and permanent disabilities among infants.

The commission said it was engaged in a programme aimed at addressing the problem of inadequate sanitation.

Its objectives included:

- Establishing the number of people with access to safe sanitation;
- Testing the efficiency of current systems; and
- Developing a strategy to improve the situation and developing guidelines for the provision of sanitation.

The investigation has found the cost of providing urban dwellers with waterborne sewerage by 2000 to be R11bn. — Sapa.
Measles Outbreak in Joburg

By Louise Marislan
Municipal Reporter

An outbreak of measles has occurred in Johannesburg, with more than 40 cases reported to City Health in the past two days — compared to the 50 cases a year usually reported.

Several other centres, such as Port Elizabeth, Pretoria, Springs and Bloemfontein, have reported a higher than usual incidence of measles.

Two high schools in Johannesburg's north-western suburbs have confirmed that about 20 children have been diagnosed with measles and the district health is aware of about 20 other cases in the city.

Johannesburg's acting medical officer of health, Dr Eric Buch, said a team of senior health workers were sent out yesterday to investigate.

"The cases we are aware of are mostly teenagers who did not have their measles immunisation as children," Dr Buch said.

Dr Buch said the situation was not as serious as first thought as, apart from the two schools, other incidences of measles were scattered around the city.

"We are keeping a close eye on the situation and are continuing with our investigation to clarify the pattern." He said there seemed to be a heightened incidence of measles in certain areas of the country. This could not be attributed to any one factor, but was a "cyclical phenomenon".

In Port Elizabeth, the health department is also investigating an increase in measles in the city.

Spokesman Sheila van der Merwe said the number of cases reported for last month exceeded the figure for the previous year ending in June.

Mrs van der Merwe said, however, that the cases reported could not be pinned down to one specific area in the city.

A Bloemfontein health worker said more than 50 cases of measles had been reported between April and June in nearby townships. "We expect to have more than 100 cases by the end of the year," she said.

In Pretoria a spokesman said there were more cases of measles recorded this year and the city would be embarking on an immunisation programme next week.

Durban and Cape Town health authorities say they have had no problems with measles outbreaks this year.

All children at the affected schools in Johannesburg will now be immunised.

Dr Buch asked that all doctors, school principals and parents notify Johannesburg's health department at 407-7139 on any measles cases, on the first day the rash appears.

"This allows us to keep track of the situation and to take the necessary action to protect the health of the community."
Scientists in search of a
‘Christmas tree’ vaccine

VACCINE production, for long a sleepy sideline of the pharmaceutical industry, is being rejuvenated through a combination of new technology and corporate restructuring.

With the help of biotechnology, researchers are developing vaccines for diseases against which there is no protection today, from malaria to AIDS.

They are working to combine existing vaccines and ultimately achieve the World Health Organisation’s goal of an ideal children’s vaccine which would deliver immunity against all serious childhood illnesses in a single dose shortly after birth.

The corporate background to vaccine development is changing as fast as the science, through mergers and alliances which are transforming a patchwork of national vaccine companies into a few global players.

The primary reason for these alliances, says Alain Merieux, head of the major French pharmaceutical company, Merieux, is that the future lies in combined vaccines with multiple antigens. (Antigens are the proteins produced by viruses and bacteria which stimulate the immune system to make protective antibodies.) No single company has enough antigens to make a good all-in-one vaccine on its own.

Two triple childhood vaccines are already used routinely: DTP against diphtheria, tetanus and pertussis (whooping cough) and MMR against measles, mumps and rubella. Jacques Armand, Merieux’s vaccine development and production director, says it will be feasible within two years to expand DTP into a six-fold vaccine, by adding polio, hepatitis B and haemophilus influenza b (a relatively new vaccine which protects against a common form of bacterial meningitis).

A more serious obstacle to combining childhood vaccines is that the current strains need to be given at different ages to provoke the best immune response.

In the long run, the best hope for a multiple vaccine, may lie in genetic engineering. The favourite approach is to add antigen genes from several different germs to a single Christmas-tree microorganism.

Most researchers are using viruses of the pox family, which contain large amounts of genetic material and are therefore attractive targets for genetic manipulation. Animal tests show that a genetically engineered pox vaccine can induce immunity against several diseases, though the approach is unlikely to produce a commercial human vaccine for several years.

Multiple vaccines will help the WHO and Unicef (the United Nations Children’s Fund) to achieve their goal of universal childhood vaccination. Already 80 per cent of the world’s children have been immunised against six leading childhood diseases — measles, diphtheria, whooping cough, tetanus, polio and tuberculosis — compared with only 10 per cent a decade ago.

Although the first priority is to improve and combine existing vaccines, new vaccines are a close second priority, says Hiroshi Nakajima, WHO director-general. Only about 20 diseases have commercially available vaccines. There are none yet for many diseases that cause widespread death.

Charles Merieux, honorary chairman of Institut Merieux, says an AIDS vaccine is the most exciting scientific challenge and malaria is most important.

The worldwide effort to produce a vaccine against malaria — which kills about 2 million people a year, mostly African children — will be successful within five years, Merieux believes.

Although genetic engineering plays a vital role in making new vaccines, there is still plenty of juice left in classical vaccine development, says Stanley Plotkin, Merieux medical and scientific director.

In the industrialised world, a priority is to produce a new whooping cough vaccine. The existing one is more likely to provoke damaging side-effects.
An unusually high outbreak of measles was reported to city health last week and 50 cases had been recorded this month, compared with the usual 50 cases a year.

Dr Buch repeated his call to doctors, school principals and parents in Johannesburg to inform the council on 407-7139 of any measles cases.
Two PE babies die of measles

PORT ELIZABETH. — Two babies have died from measles here, and in Durban an entire class of pupils at a primary school has contracted the disease.

In the past 6½ weeks 80 cases have been reported in Port Elizabeth, prompting fears of an epidemic. — Sapa
Bid to boost diabetes association

By Paula Fray
Medical Reporter

Greater Johannesburg diabetics have injected new life into the local branch of the South African Diabetes Association (SADA) in a renewed bid for the body to gain a higher profile in society.

SADA national executive Josina Barnes said yesterday that it had to create public awareness and educate diabetics.

She said there were between 500,000 and a million diagnosed diabetics in South Africa.

Johannesburg SADA chairman Verie Smit said the branch had been quiet for nine months with little interest and participation. But an offer of assistance by a drug company could strengthen the group.

There are about 12 SADA branches in South Africa — some of them run by volunteers, said Mrs Barnes.

Among the suggestions the regional branch will look at is a call to negotiate lower costs for insulin for members.

Other suggestions include a discount card for members and a supportive social club. Members will also be informed of facilities available, including a counselling toll-free line. The number is 0800-121-553.

Local diabetics who are interested can call Mrs Smit for more information at (011) 462-3223.
Measles death.

PORT ELIZABETH. — The measles epidemic in Port Elizabeth has claimed the life of a third baby.

The city's medical officer of health, Dr. Etienne du Plessis, said, however, that the epidemic appeared to be easing off, with fewer cases being reported.

The latest victim, a four-month-old baby from the Ibhayi area, was the third baby under a year-old to die from measles in the past month. — Sapa.
Measles cases cause concern

Staff Report

HEALTH authorities are concerned about an increase in cases of measles in the Peninsula.

"Since the beginning of August, up to September 4, 18 cases of measles have been notified and the majority of these were residents in the northern parts of greater Cape Town," said Dr S A Fisher, chief director of health services for the Western Cape Regional Services Council.

Dr Fisher said parents should ensure their children were adequately immunised.
SA on brink of allergy crisis

By IVOR CREWS

SOUTH AFRICA is on the brink of an allergy explosion, with about six million people already suffering from allergic diseases, health experts warned yesterday.

Leading international and local experts in allergy treatment are attending the first Allergy Congress at a Sea Point hotel held by the Allergy Society of South Africa (Allsa), focusing on diagnosis and management of allergic diseases.

According to congress convenor Dr Paul Potter, the dramatic increase in allergies is closely related to industrial air pollution.

"It has been shown in Japan that diesel exhaust fumes, car exhaust fumes and sulphur dioxide released from refineries enhance the allergic response."

Dr Potter said allergic diseases were an important cause of absenteeism from school and jobs and contributed significantly to medical aid bills.

He said six million South Africans are currently affected by allergic diseases, hayfever being the most common.

He added that the incidence of asthma in Cape Town schoolchildren is about 8%, compared with 0.14% in rural Transkei.

Estimates are that about two million South Africans have asthma.

Dr Potter said that experts believed that the urban environment, particularly at the coast, is highly conducive to the development of allergies.

One reason is that the house-dust mite, which is an important cause of asthma and hayfever, exists at very high levels in Cape Town and other coastal cities.

Secondly, the cities have a number of naturalised grasses such as Bermuda grass and rye grass, which are more allergenic than indigenous grasses.

All possible steps should be taken to avoid exposure to house-dust mite. Carpets and mattress covers should be vacuum cleaned and acaricides applied to kill the mites.
Migraines cost SA millions

KATHRYN STRACHAN

MIGRAINES cost the SA economy more than R300m a year through lost productivity, yet the problem was largely ignored by researchers and doctors, a Glaxo Pharmaceuticals spokesman said recently.

Nick Wells, a British pharmaceutical expert who advises Glaxo on health economics, said on his visit to SA last week there was a tendency to focus only on the costs of illness to the health care system and to overlook the other costs involved.

"We need to look across the spectrum and understand the broader economic and personal costs involved. But people in health care have their budgetary constraints to consider rather than taking a comprehensive view," he said.

This included getting away from focusing only on the cost of treatment, to investigating its cost-effectiveness instead.

Although there was great emphasis on reducing the costs of medicines, Wells said it was not necessarily the best approach. Investing more in medicines, thereby increasing the price, could prove to be more cost-effective than other forms of treatment such as hospitalisation.

Migraines were a classic example of this bias, he said. Although it caused tremendous pain to sufferers and amounted to millions of rands in lost productivity, very little research had been done into the problem because its cost to the health care system was minimal.

Unlike migraines, illnesses such as flu could cause further complications if not treated, and could eventually result in expensive hospitalisation.

Glaxo MD Martin Jennings estimated that more than 10% of the population suffered from migraines.
Strike, slump hits Powertech

JOHANNESBURG. — Difficult economic conditions, exacerbated by a protracted strike in the steel and engineering industry, saw Powertech post a 9% decline in earnings a share to 13.5c (15.2c) for the six months ended August 31.

Its attributable earnings dropped from R20.4m in the six months ending August 31 last year to R18.7m for the same period this year.

Powertech executive chairman Peter Watt on Saturday blamed the negative effects of the mass action campaign and the drawn-out labour disruptions which followed for the earnings result.

Recessionary conditions were partially countered, he said, by a successful refocusing of target markets, the introduction of new products and technologies, and a continued control of expenses and working capital.

Powertech’s cash position was reinforced by the sale of the industry division of former Brown Boveri Technologies (BBT) to the Swiss-based Asea Brown Boveri (ABB). Renamed ABB Powertech, the remaining portion was restructured to continue as a joint venture with ABB.

Watt said the single biggest boost to the productive power of the country would come from unequivocal agreement by all political parties on constitutional transition.

But he cautioned that “by the time political aspirations have been met, damage to the economy by political action may be irreversible.”

Watt did not expect an upturn in the economy or in trading conditions for the second half of the year. — Sapa.
Measles attacks older kids

Quick facts:
- The virus spreads through coughing and sneezing.
- Symptoms may include a fever, cough, red eyes, runny nose, and a rash.
- Complications can occur in children with measles.

By MacNeil & Pena

Outbreak in Johannesburg also emphasizes need for immunization.

Diver dies in hike

Driver dies in hike

A Police Commission said that an elderly man died in a hike in the Drakensberg Mountains. The incident occurred on a popular hiking trail. The victim, identified as Mr. John Smith, was reported to have been hiking with a group of friends when he collapsed and died. The cause of death is currently under investigation.

A Policeman Loses Life in Crash

A Policeman appeared in court after he was involved in a crash. The incident occurred on a busy road in the city. The policeman was driving a patrol car when he collided with a car. He was rushed to hospital but died a short time later. The investigation into the crash is ongoing.

2 Die in Plane Crash

Two people were killed in a plane crash near a rural area. The plane, a small commercial flight, crashed into a mountainous area during takeoff. The cause of the crash is currently under investigation.

A Church Dismisses Pastors

A Church has dismissed two pastors after allegations of misconduct. The pastors, identified as Mr. John Doe and Mr. Jane Smith, were suspended pending an investigation. The investigation is being conducted by the Church's disciplinary committee.

Church loses 300 members

A Church has lost over 300 members due to allegations of misconduct by the leaders. The Church, identified as the Faith Church of the City, was confronted by angry members who accused the leaders of corruption and financial mismanagement.

By MacNeil & Pena

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Contact for more information:
- Faith Church of the City
- Address: 123 Main Street, City
- Phone: 123-456-7890
- Email: info@faithchurchcity.com
MOH calls on UCT in outbreak of measles

ANDREA WEISS
Health Reporter

An "unusually" high number of schoolchildren have measles, and Cape Town's MOH Dr Michael Popkiss has called in UCT's community health department to monitor the outbreak.

Dr Popkiss said 64 cases of measles had been reported in the council's area over the past month, with many more school-going children than normal being affected.

The Regional Services Council has reported 97 cases of measles in its area, which stretches as far as Stellenbosch and Paarl.

Dr Popkiss said because cases were spread across the board from pre-school to matric, this did not indicate any large-scale vaccine failure.

Also the source of vaccinations varied from clinics to general practitioners. Among the first 15 cases of measles at Bishops were children who had been vaccinated in the United States, Britain, Zimbabwe and Ghana, he said.

The measles vaccine was 90 percent effective, which meant that where more people in the community were immunised, the 10 percent failure rate would become more evident.

Dr Popkiss said the situation was being monitored and at this stage no major re-immunisation programme was being considered. But parents of children who had not been immunised were advised to do so.

Dr Stewart Fisher, Regional Services Council MOH, said he was not "overly concerned" about the outbreak, which was not as severe as "in the bad old days".

He said the phenomenon of measles affecting older children was worldwide where there was reasonably good immunisation cover.
New study shows South Africans are extremely vulnerable to deadly illnesses:

Beating Chronic Diseases

NEWS SA lifestyle not conducive to longevity • Organizations unite to ensure community safety
Smoking and diet have links to cancer
Asthma lurks in the cities

DANGER IN THE AIR: Children in squatter areas are the worst hit by the increase in respiratory diseases

DANGER: Breathing can seriously damage your health. Respiratory problems caused by allergies affect the lives of one in four South Africans. A decade ago it was less than one in 10, and the increase seems related to the fact that more and more of us live in cities.

"While this increase has been reported from all over the country, in the developing cities there are very obvious trends related to the dynamics of urbanisation," says allergy specialist Dr Matt Haus.

A startling 60 percent of all children born in squatter areas develop asthma to a degree. Most are the children of people who moved from the rural areas, where asthma is virtually unknown. This is in spite of the fact that rural people live in dusty conditions, close to crops which add large quantities of pollen to the air, in homes which have indoor fires without proper ventilation, and in close proximity to animals.

Dust, pollen, smoke and animals are all irritants that can trigger allergic reactions. Yet when the same people move to cities they develop allergies with remarkable speed.

To understand this change it is necessary to look at what makes a person develop asthma. The onset of the disease requires three sets of circumstances: an inherited, genetic predisposition towards the disease; the presence of the particular allergen (for example, pollen), which triggers an allergic reaction; and what doctors call "non-specific enhancement factors".

These "enhancement factors" do not trigger allergies directly, but increase the sufferer's predisposition to allergic diseases, including asthma.

Many of these factors are part of city life and changes in lifestyle which occur when people move from rural to urban areas.

Urban dwellers breathe in car exhaust fumes and cigarette smoke. A typical urban diet includes a high proportion of processed foods that include chemical preservatives and colourants, which researchers suspect may be linked to respiratory diseases. Filling a home with furniture and carpets provides a breeding ground for house dust mites, one of the most common causes of allergy.

South Africa faces an "explosive epidemic" of asthma and other respiratory diseases, owing to rapid urbanisation and the social changes that go with it, Haus says.

How then to face this impending epidemic?

Treatment of asthma has previously been plagued by prejudice and ignorance about the disease. It is commonly thought to be psychologically linked, or to occur only in overweight and spolit children.

"The explosion of asthma among working-class people should finally put paid to this myth. The biggest problem is under-diagnosis — and therefore under-treatment," says Professor Eugene Weinberg of Red Cross Children's Hospital.

People may suffer from chronic symptoms which they do not report to a doctor because they feel nothing can be done.

In fact, most cases of asthma are curable.

"Most experts see only the very worst cases, which represent only five percent of all asthma cases," Weinberg says.

"This leads to a biased view of the whole picture of asthma sufferers. Children who have mild or moderate asthma (95 percent of asthma cases) have an excellent chance of outgrowing the illness as they mature. Only the more severe cases require continuous treatment."

Dr Cas Motala, also from Red Cross Hospital, believes the first step to combating asthma is educating the public, especially in regard to the sharp increase in the occurrence of the disease. People also need to be made aware of how medication can help. Having medicine available is one thing — ensuring people take it correctly is another.

Asthma sufferers and, just as importantly, their families, need to learn what aspects of their lifestyles are aggravating the disease. Giving up smoking is a particularly important step to take, both for sufferers and those who live with them.

Community health workers have a role to play in keeping an eye on how people are living, and how appropriately they are using medicine.

Doctors agree self-help is important in treating allergies. A worldwide trend that may be followed here is towards self-monitoring — patients adjusting their own treatment in accordance with clear protocols. This has been extremely effective, doctors say.

The Allergy Society of South Africa intends launching a national asthma campaign, targeting families of asthma sufferers, the public at large, and employers.

By Justin Pearce
6.5-m have blood pressure

Heart disease differs in ethnic groups:

By Mokgadi Pela

MORE than 6.5 million South Africans have mild high blood pressure levels, a recent study has shown.

The results came from a three-day meeting of experts from varying disciplines related to hypertension control. The meeting was organised by the Heart Foundation of Southern Africa and the Medical Research Council.

Hypertension is one of the major risk factors for cardiovascular disease sufferers in all ethnic groups in Southern Africa.

Reversible risk factors are smoking, high blood cholesterol and diabetes. Irreversible factors are age and family history.

Elevations of blood pressure increase the risk of a stroke, renal impairment and heart failure. The researchers say heart disease appears to differ according to ethnic groups. In blacks, renal failure and strokes are of particular concern, while in other groups coronary heart disease predominates.

Effective ways of reducing blood pressure are weight loss, limiting alcohol intake, salt restriction, physical exercise and increased potassium intake.

The researchers made the following recommendations:

- The impact of hypertension on heart disease, particularly in the black population, is not known and follow-up studies should be conducted;
- Education materials need to be developed and tested in the appropriate target populations;
- The needs of health care providers regarding the diagnosis and management of hypertension should be assessed.
SA faces cholera threat

The National Health Department warned yesterday of a possible cholera threat in SA following the recent heavy rains. There was still no effective vaccine against the disease, the department said, adding that the threat of cholera was greatest in areas without tap water.
**News in brief**

**Kwashiorkor cases rise**

The number of children admitted and treated at various Lebowa hospitals for kwashiorkor and other malnutrition-related diseases had increased significantly.

Despite the food aid programme introduced by the department of health and social welfare, the situation in rural communities such as Sekhukhune and Matlala was deteriorating. - Sapa
SA must help fight malaria

Southern Africa needed to strengthen applied research and exchange information to combat malaria which kills more than 1 million people worldwide each year, the Medical Research Council (MRC) said this week.

According to the World Health Organisation (WHO), 89 percent of the 1 million malaria fatalities occur in Africa.

MRC's National Malaria Research Programme head Dr Brian Sharp, who recently returned from a WHO and World Bank-funded malaria workshop in Madagascar, said it was clear South Africa could make a valuable contribution.

South African authorities were efficient in controlling the seasonal transmission of the disease. "The incidence of malaria in South Africa is low compared to many other African countries," he said. "In a bad year we might have 10,000 cases with fewer than 20 deaths, compared with countries such as Mozambique or Kenya where up to 30 percent of hospital outpatients have malaria."

The meeting was attended by over 50 delegates from 13 African countries. — Medical Reporter.
Vaccines send polio into decline in Western world

Medical Reporter

HIGH levels of routine polio vaccination and the absence of any reported polio cases in the western hemisphere during 1992 have marked the first step towards the eradication of the crippling childhood disease.

According to the United Nations Children's Fund (Unicef) "1995 State of the World's Children" report released at the weekend, there have been no polio cases in the western hemisphere since September 5 last year.

However, while vaccines have cut the toll by 80 per cent in the other half of the globe, polio still paralyses more than 100,000 children each year.

This tragic figure, said Unicef, actually represented remarkable progress.

A decade ago, when only about 20 per cent of the world's children were immunised, polio struck at the lives of more than half a million children a year.

Since then, immunisation levels have leapt up to 85 per cent worldwide. In some countries, polio's decline has been nothing less than spectacular: reported cases in the Philippines fell from 1,422 in 1988 to just 82 in 1990.

This success has raised hopes that polio could become the second major disease - after smallpox in 1977 - to be eradicated.
Careful watch for cholera outbreaks

FEARS are growing of cholera outbreaks in SA following scores of deaths from the disease in recent weeks in Swaziland, Zambia and Zimbabwe.

A source at the Health and Population Development Department said yesterday there had been only one reported case of cholera in recent months, and that was "imported". The person had been cured.

One sample of cholera had also been found in a southern Natal river, but it seemed to be an isolated case.

The situation was being monitored closely with the co-operation of health officials in all southern African countries. Places where cholera could break out — such as the northern borders, rivers, prisons and camps — had been under surveillance for malaria and cholera for the past 18 months.

The source said the situation had been complicated by the drought as there was more surface pollution than usual, which could flow into rivers when it rained.

The department has warned people living in rural areas to boil water before use and to be strict about hygiene. The Natal Parks Board has also warned holiday-makers gathering shellfish from rocks on the Natal coast to cook it thoroughly to avoid possible contamination by cholera and typhoid organisms.

Cholera has claimed 69 lives in the Zambian capital of Lusaka in the past two weeks and more than 850 people have been treated in the squatter settlements around the city. In Swaziland 15 cases of cholera have been reported in one village alone. And in Zimbabwe, 37 people have died recently from cholera. A further 1,000 cases have been confirmed.
Cholera epidemic spreads
**SA on alert as cholera rages through region**

**THE Department of Health has stepped up measures to prevent a local outbreak of the cholera epidemic which has already claimed hundreds of lives in neighbouring countries.**

The department said it was concerned that the epidemic could spread to SA, but there was no cause for alarm at present.

A department spokesman said there were presently only 11 "imported" cases of cholera. The infected people were either mine workers from neighbouring countries or people who had visited Mozambique shortly before falling ill, he said, adding that the cases had all responded well to treatment.

But, to be prepared, the department had alerted health authorities to the possibility of an outbreak and had launched cholera awareness campaigns at a local level, informing people of preventative measures such as boiling or chlorinating water.

It had also increased surveillance of sewage effluents with regular tests, and by increased monitoring of rivers and dams. Although cholera could be spread through contaminated water, it occurred from contaminated drinking water. The people most at risk were those who did not have access to chlorinated and filtered tap water, the spokesman said.

He added that cholera germ had recently been detected in the sewerage system in western Transvaal mine hostels, but no cholera cases had been reported in the area.

This was not surprising as most people who were infected did not become ill even though they were excreting cholera germs, he said.

As the water supply and sanitation of these hostels was substandard, major problems were not expected.

The germs had been found at these mine hostels during previous epidemics in the country without outbreaks in the hostels, he said.

Sapa reports that the Zambian government has postponed the opening of all schools in Lusaka for the first term because of the epidemic which had claimed 105 lives so far. Ziana national news agency reported yesterday.

Acting World Health Organisation representative to Zimbabwe Dr Nicholas Chimba said the WHO supported Zimbabwe's request and had agreed to provide the country with "emergency materials worth $150,000."
Typhoid fears in E Cape

TYPHOID may have broken out in drought-stricken Adelaide in the Eastern Cape.

Municipal health inspector Mr Kobus Marais said yesterday tests had been done on two suspected cases of the disease. Typhoid can be fatal if it is not diagnosed quickly.

"We expect the results back next week," Mr Marais said.

• Water is running a metre deep on a section of the R74 along the Oliviershoek Pass between Natal and the Orange Free State. The road on the OFS side of the border has been closed.

Heavy rain is also falling in the Lions River and Balgowan area.

• Good showers began falling countrywide in Namibia this week — bringing some relief from the drought. — Own Correspondent, Sapa
Potential cancer victims

ONE out of every four South Africans is a potential cancer victim, according to statistics released by the National Cancer Association of South Africa (NCA) on 4/2/93.

The NCA said yesterday 90 percent of cancers were linked to dietary factors and certain living habits. A healthy, balanced diet with low fat, a moderate intake of alcohol and no smoking were indispensable in the fight against cancer. *Sapa*
'Govt involved in violence'
THE delegation of the International Confederation of Free Trade Unions (ICFTU), on a one-week fact-finding mission to South Africa, said yesterday that it had discovered that the Government was directly and indirectly involved in violence.

Speaking at a Press briefing in Durban, ICFTU secretary-general Enzo Friso claimed the security forces were exploiting political differences to destabilise democratic forces in the black community. He said he wondered why the security forces were unable to curb the violence because they had been able to crush black political organisations when they were still banned.

Boesak not quitting ANC post
THE chairman of the ANC's Western Cape regional executive, Dr Allan Boesak, is not resigning his post or returning to the ministry.

Boesak ended speculation about his resignation and friction within the regional executive committee at a media conference yesterday by announcing that he had decided to stay in office. He had postponed his return to the ministry and would stand for future elections if nominated as an ANC candidate.

Potential cancer victims
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The NCA said yesterday 90 percent of cancers were linked to dietary factors and certain living habits. A healthy, balanced diet with low fat, a moderate intake of alcohol and no smoking were indispensable in the fight against cancer.
No VAT on food — TAU

GERALD REILLY

PRETORIA — The Transvaal Agricultural Union (TAU) has made an urgent appeal to Finance Minister Derek Keys to free certain basic foods from VAT.

In a statement yesterday, TAU president Dries Bruwer said the TAU's general council believed this would be in the interests of the vast majority of the population.

It was vital that basic foods be maintained at affordable prices.

Essential foods such as meat and dairy products, as well as staple grain products, should be relieved of the price-boosting influence of VAT.

Aside from the fact that VAT on these foods would place a heavy additional burden on consumers, it would also place producers under further pressure because buying power would be reduced and demand would shrink.

Housewives' League immediate past president Lyn Morris said if basic foods were not zero-rated it would be a blow to lower income groups as well as producers.

"However, to be realistic government needs to boost its income and — provided it is not squandered — it is difficult under current conditions to argue for VAT concessions."

Inbreeding cited for high number of heart attacks

SA has the world's highest incidence of a genetic cholesterol disease — and medical experts claim it is caused by inbreeding in some communities.

SA also had the second highest number of fatal heart attacks worldwide, with high cholesterol levels from a condition known as familial hypercholesterolaemia, and there are frequent early deaths from heart attacks often striking people in their early teens and 20s.

"These groups suffer from one of the major causes, Logos Pharma, a frequent early deaths from People a day. Most of these deaths could be prevented."

Statistics showed that one in three men and one in four women would develop heart disease before they reached the age of 60.

KATHRYN STRACHAN

"According to medical experts, the three most affected are the Jew.

..." Prowse.

"These groups suffer from a condition known as familial hypercholesterol..."

Prowse said in order to reduce the incidence of coronary heart disease, a concerted effort to reduce cholesterol levels was needed. Other controllable risk factors were blood pressure and smoking.

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(011) 659-1707

AD123124
Plea for kidneys

By Mokgadi Pela

Two hundred and twenty five black patients are waiting for kidney transplants at five teaching hospitals in Johannesburg.

The hospitals are Baragwanath, Hillbrow, Johannesburg, Coronation and JG Strijdom.

Professor Anthony Meyers of the University of Witwatersrand's renal unit told about 60 participants at the Dorothy Suskind Memorial Lecture at the weekend that these patients were living on dialysis machines.

"He made an impassioned plea to the black community to allow surgeons to remove kidneys from their relatives who died in accidents."

"If there are religious problems, we will be happy to remove one kidney," Meyers added.

The cost of putting a single patient on dialysis for a year is R14 000.

The causes of kidney failure include diabetes and hypertension.
Boost for treatment of malaria

Overcoming a series of difficulties that have frustrated other malaria researchers, scientists at New York’s Sloan-Kettering Institute have become the first to clone an entire chromosome of the organism that causes malaria.

The achievement, one of the most dramatic breakthroughs in the evolving science of DNA, is expected to provide a major boost to the prevention and treatment of malaria, which affects nearly 300 million people a year, of which two million a year die from the disease, most of them in Africa.

The Sloan-Kettering team had to use an unusual technique to clone the chromosome because of the genetic makeup of the organism, known as Plasmodium falciparum.

The organism alternates between two hosts — mosquitoes and primates — making genetic crosses long and difficult.

The breakthrough was achieved by a team of scientists led by Dr. Jeffrey Ravetch. — The Star Bureau.
Cholera outbreak in SA possible

Cholera medical team is in South Africa during the past two months to assess ways of help. According to a Health Department official, cholera — one of the first threats to South Africa's border areas — has been expected for some time. The cases were not unusual. Deciding with a cholera outbreak in South Africa could help in obtaining South African cooperation. In response, it is understood a South African military operation to contain cholera was already taken in South Africa. This operation was considered to be effective. According to the Health Department, there are several thousand cholera cases daily. In response, it is understood a South African military operation to contain cholera was already taken in South Africa. This operation was considered to be effective.
Cancer on the rise

OESOPHAGEAL cancer, formerly prevalent in the Transkei, was now on the rise among urban blacks, a study just released by the Medical Research Council has shown.

The 10-year study was headed by Professor Walter Marasas, who is chief specialist scientist at the MRC's programme on mycotoxins and experimental carcinogenesis. His study has shown a direct link between oesophageal cancer and home-grown maize.

The prevalence was 100 in 100 000 blacks a year and five in 100 000 whites.

Marasas said the rates were on the increase in people who eat maize as their staple food. He said all maize was deficient, whether commercially produced or home-grown.
HOUSE OF ASSOCIATION

The purpose of this document is to discuss and clarify the association's policies and procedures, particularly regarding the association's membership and financial matters. The association aims to maintain a transparent and open approach to its operations, with a focus on ensuring that all members are well-informed and actively involved in the decision-making process.

The membership of the association is open to all interested parties, provided they meet the eligibility criteria established by the association. Members are encouraged to participate actively in the association's activities and to provide feedback on its policies and practices.

The association's financial affairs are managed by a dedicated financial committee, which is responsible for overseeing the association's budget, financial reports, and investment strategies. The committee ensures that the association's financial resources are used effectively and efficiently, in accordance with the association's goals and objectives.

The association also seeks to foster a strong sense of community among its members, by organizing regular events and activities that bring members together. These events include workshops, seminars, and social gatherings, which provide members with opportunities to learn, network, and socialize.

In summary, the association is committed to maintaining a strong and healthy membership base, and to ensuring that its financial affairs are managed in a responsible and transparent manner.

THE MINISTRY OF FOREIGN AFFAIRS

The Ministry of Foreign Affairs is responsible for representing the country's interests abroad and for managing its relationships with other nations. The ministry is also tasked with promoting the country's values and principles, and for protecting the country's citizens abroad.

The ministry's functions include facilitating trade and investment, conducting diplomatic negotiations, and providing consular services to citizens abroad. It also oversees the country's diplomatic missions and embassies, and works to maintain peaceful relations with other countries.

In recent years, the country has sought to expand its diplomatic presence and to enhance its global standing. The ministry has also worked to strengthen its ties with key allies and partners, and to broaden its diplomatic engagement with other nations.

In conclusion, the Ministry of Foreign Affairs plays a crucial role in representing the country's interests and in ensuring its diplomatic relations are conducted in a manner that promotes the country's values and objectives.

THE MINISTRY OF DEFENCE

The Ministry of Defence is responsible for the country's armed forces and for ensuring the country's national security. The ministry is tasked with maintaining a strong and capable military, and for conducting operations in support of the country's interests.

The ministry oversees the country's military forces, including the army, navy, and air force, and is responsible for organizing and conducting military operations. It is also responsible for ensuring the country's defence capabilities are maintained, and for preparing for potential threats.

In recent years, the country has sought to strengthen its military capabilities and to prepare for potential challenges. The ministry has also worked to enhance its working relationship with other nations, and to promote international cooperation in the realm of defence.

In conclusion, the Ministry of Defence plays a critical role in ensuring the country's national security and in maintaining a strong military presence.

THE MINISTRY OF JUSTICE

The Ministry of Justice is responsible for the administration of justice in the country. The ministry is tasked with ensuring that the country's legal system is fair, impartial, and effective, and for promoting the rule of law.

The ministry oversees the country's legal system, including courts, police, and other law enforcement agencies. It is responsible for enforcing the country's laws and for providing legal services to the public.

In recent years, the country has sought to strengthen its legal system and to promote the rule of law. The ministry has also worked to enhance its working relationship with other nations, and to promote international cooperation in the realm of justice.

In conclusion, the Ministry of Justice plays a critical role in ensuring the country's legal system is fair and effective, and in promoting the rule of law.

THE MINISTRY OF ECONOMY

The Ministry of Economy is responsible for the country's economic policies and for ensuring the economic stability and growth of the country. The ministry is tasked with promoting economic development, and for creating a conducive environment for businesses to thrive.

The ministry oversees various economic sectors, including agriculture, industry, and services. It is responsible for drafting and implementing economic policies, and for ensuring that the country's economic resources are used efficiently.

In recent years, the country has sought to promote economic development and to create a conducive environment for businesses. The ministry has also worked to enhance its working relationship with other nations, and to promote international cooperation in the realm of economy.

In conclusion, the Ministry of Economy plays a critical role in ensuring the country's economic stability and growth, and in promoting economic development.

THE MINISTRY OF EDUCATION

The Ministry of Education is responsible for the country's education system. The ministry is tasked with ensuring that the country's children receive a quality education, and for preparing them for a future in society.

The ministry oversees various educational institutions, including schools, colleges, and universities. It is responsible for drafting and implementing educational policies, and for ensuring that the country's educational resources are used effectively.

In recent years, the country has sought to improve the quality of education and to prepare its youth for a future in society. The ministry has also worked to enhance its working relationship with other nations, and to promote international cooperation in the realm of education.

In conclusion, the Ministry of Education plays a critical role in ensuring the country's youth receive a quality education, and in preparing them for a future in society.
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**Osborne House:**

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- **Ground Floor:**
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- 1969 2 Montrose St
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**Minutes of Meeting:**

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**Information Provided:**

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**The Minister of National Health:**

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**Technical Report:**

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**House of Assembly:**

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**Thursday, 25th March 1993**
Doomed by Virus: Tens of thousands
Diabetes is a big menace. Diabetes can lead to serious health complications. The country could save a lot of money used for health care if it could prevent diabetes. The condition is caused by various factors such as obesity, poor diet, and lack of physical activity. The problem is widespread; 500,000 people in South Africa alone suffer from diabetes. If you're not well, check with your doctor. There's no cure for diabetes, but there are ways to manage it. Regular exercise and a healthy diet can help control blood sugar levels.
Hotline for SA’s diabetics

South Africa’s one million diabetics, their nurses and doctors, can now use a toll-free hotline to obtain the latest information about diabetes care and support. The 24-hour line will be manned by two qualified educators.
Skin cancer in SA could rise by 20 percent

SKIN cancer in South Africa could rise by 20 percent over the next decade, dermatologists believe, unless some lifestyle adjustments are made.

Dr Mark Jury, climatologist in the University of Cape Town's Oceanography Department, said many people are worried about the effect of the ozone hole on solar radiation levels which cause sunburn.

"The media-driven emphasis on the ozone hole is somewhat misleading since ozone is only one of the many atmospheric components which can usefully absorb solar radiation which causes sunburn. We have found that water vapour and clouds contribute most to absorbing solar radiation."

"Ozone contributes less than one third to the absorption of solar radiation, while water vapour accounts for more than half. Clouds, oxygen and carbon dioxide absorb the remainder. This explains why people in humid climates such as Durban obtain a darker tan. Cape Town's dry summers on the other hand, are not conducive to a "good" tan and visitors to the Western Cape who enjoy the outdoors should take suitable precautions against sunburn," said Dr Jury.

"As most of us suntan at the coast during summer, it is interesting to look at the distribution of solar radiation over South Africa. Water vapour and clouds are minimal over the west coast in summer, and some of the highest solar radiation levels worldwide are found there."

"What is not fully appreciated is that the ozone hole remains to the south of 50 degrees south latitude. The ozone hole is kept there by the circum-polar jet stream of westerly winds in the upper atmosphere. It is therefore not necessary to worry about sun tanning in the ozone hole, unless you are planning a trip to Antarctica."

South Africa's summer radiation distribution indicates that we have our own "ozone hole" located somewhere near Ai-Ais in southern Namibia but this "hole" is caused by the dry weather and not ozone depletion, said Dr Jury.
Albinism is often seen as a curse

ALBINOS have started an organisation to fight their cause, reports JOE LOUV.

"We launched our society to alleviate the trauma suffered by people with the condition of albinism, to combat the prejudices faced by them and to educate the public to the idea that albinism is not a curse but a genetic disorder," Mazibuko says.

"People with the condition are shy, withdrawn, angry and bitter. Many albino children are abandoned at birth because the mothers may not be able to deal with the so-called shame. Families are torn apart as couples blame each other for the 'curse' or 'affliction', and society blames their parents, other races and even almighty God himself."

She says albinos are doubly discriminated against: they are not integrated socially or in work situations.

Research has shown that one person in 17 000 has some type of albinism and that it is caused by genes that do not make the usual amount of pigment called melanin. Most albinos suffer serious eye problems because of a lack of pigment in the retina.

"There is an appalling amount of cruelty against people with albinism — especially children," she says.

Mazibuko, a strong, proud woman who has overcome her shyness, is determined to make a success of the albino society. She wants the organisation eventually to cover most of South Africa and to help carry out research on ways of alleviating the condition.

Help needed

"Like many other groups in this country who are fighting this kind of prejudice we need help — help with setting up an office, help to educate the public through the media and through public awareness programmes. But most of all we need help torestore the self-esteem of our people and to help them confront and overcome the afflictions society heaps on them daily."
Minister warns on school invasions

KATHRYN STRACHAN

THE threat to occupy white schools and universities could delay change in SA. Education Co-ordination Minister Piet Marais said yesterday.

Marais said the threats — aimed at forcing government to address the crisis in black schools and to establish a national education forum — were misdirected and irresponsible.

The southern Transvaal regions of the National Education Co-ordinating Committee (NECC), the SA Students' Congress and the Congress of SA Students have said they will disrupt classes and bring education to a halt at white institutions from May 26.

The CP and white parents have warned that such action will be met with force. The ANC, in turn, has distanced itself from the plan, and has urged students instead to step up constructive campaigns to open schools to all.

Marais said the threats were inappropriate as government had repeatedly committed itself to "meaningful advisory structures" and had held preparatory talks to this end.

But National Education Conference (NEC) spokesman Ahmed Essop dismissed Marais's promises. The NEC conference had held meetings on the issue with government for almost nine months, he said, and had failed to extract an agreement.

Marais claimed he needed time to consult various players, such as homeland education ministers, before making such a commitment. But Essop argued that these consultations had taken place months ago.

At the centre of the controversy lies the role of such a structure.

Government refuses to move from the concept of an advisory forum made up of experts, while the NEC demands a representative body of all stakeholders, including students.

Marais said government could not agree to anything which was tantamount to abdicating its responsibilities during its term of office. Although there were negotiating forums on housing and economics, he said education was a far more sensitive issue and had to be handled sensitively. But Essop said the NEC envisaged a forum which made decisions on the basis of consensus.

"The forum will work co-operatively with government to attain its objectives, and will not force any decisions on Parliament," he said.

Meanwhile, opposition to the threat of occupation grew yesterday.

Transvaal Education Department executive director Ken Paine said the necessary steps would be taken in conjunction with the police should any attempt be made to disrupt schools.

Free State executive director of Education Gert Heyns said all schools in the province had discussed plans to deal with any emergency situation arising from the NECC threat.

CP youth leader Andre Vorster said the party's youth council would act with other right-wing organisations to stop the proposed invasion.

Sapa reports the right-wing Boere Weerstands beweging (BWB) warned yesterday occupiers would cause a civil war. BWB leader Andrew Ford said "boers" would protect their children "to the death".

Drugs 'useless' in malaria battle

KATHRYN STRACHAN

MEDICAL science is making little progress in its battle against the deadly malaria epidemic sweeping across Africa.

The greatest obstacle, says a research team in South Africa, is the drug resistance emerging throughout the continent, says Medical Research Council malaria research programme leader Brian Sharp.

Although there are four strains of the virus, more than 90% of cases are cerebral malaria — falciparum plasmodium — which does not recur.

Falciparum plasmodium has become resistant to chloroquine, the standard drug used for all four strains, says Sharp, and other drug combinations.

A new drug, mefloquine, is used in Europe but has not yet been approved by local health authorities.

It must be taken under medical supervision and is not prescribed for children or pregnant women, says Sharp.

The MRC believes the drug has been insufficiently studied, and cases of resistance have also been reported.

Sharpe says the drug is not often misused, can mask infection and complicate the disease. If malaria is diagnosed early it can be cured easily, but it kills if left too late.

ADRIAN HADLAND reports that about 60 patients in the Pretoria region are receiving treatment for malaria.

Namibian health authorities yesterday warned tourists and residents to take precautions against malaria, which had killed 27 people in the territory this year.

Health Ministry Internal Medicine Department head Prof. Gertis Oosthuizen said laboratories were diagnosing up to 60 new cases every day. On Wednesday, 27 people were admitted to two Windhoek hospitals suffering from the disease, he said.

Sharpe's advice to travellers is to see a doctor even if only flu-like symptoms and diarrhoea are experienced, as they could be symptoms of malaria.
Travellers to north return with malaria

By Julienne du Toit

The increased incidence of people with malaria in South Africa is a result of more people travelling to other African countries, according to the Department of Tropical Diseases at the SA Institute for Medical Research.

Another reason is that Anopheles gambiae, the mosquito that carries the parasite that causes malaria, Plasmodium falciparum, appears to be developing an increased resistance to preventative drugs.

"In fact, mosquitoes all over the world in tropical regions appear to be more resistant against drugs," said Dr. John Frenan of the Department of Tropical Diseases.

Sometimes they are resistant to new drugs, simply because they work on a similar system to older drugs, said Dr. Frenan.

Dr. Inaas Joubert, superintendent at the Rietfontein Hospital in Eden Valley, said they had nine malaria admissions over the weekend alone. He confirmed this was an unusually high number, and that all the patients had recently travelled to Zimbabwe or Mozambique.

The Star's journalist Peter Davies fell prey to the disease after travelling in Malawi. He did not take his prophylactics because he had a reaction to them, he said.

"The malaria is horrible. It starts off like flu, with aching bones, sore throat and night sweats. It gets worse; and you feel so nauseous you can't keep anything down. Then when you're being treated, the quinine makes your ears ring, and you sweat and have hallucinations at night."

Travellers have been warned by tour operators that a particularly virulent strain of malaria is emerging in northern Zimbabwe and Zambia.

There were rumours of a woman near Kariba complaining of a severe headache in the morning who died in the evening of malaria.

The rumour has never been confirmed.

The malaria parasite is only passed on through the female mosquito. She sticks blood, essential for egg-laying. The males have to be content with plant juice.
Malaria bugs SA businessmen in search of trade

THE hidden costs of doing business with Africa are permeating through to the business community.

Diseases, which are endemic in Mozambique, Zambia, Kenya and Malawi, have been laid low by malaria and hepatitis, forcing some companies to reconsider the risk of sending executives to these areas.

Clinics in upmarket suburbs confirm an increase in the number of hospital cases of malaria. Many patients were bitten by mosquitoes while on the incidence of malaria follows good rains in Southern Africa.

A Sandton Clinic spokesman reports an increase in the number of malaria patients in the past few months.

"Many people contracted the disease in neighbouring countries where there are poor controls."

If not recognised and treated within a few days, complications, including a true cerebral malaria, can develop, often with fatal results, says a psychiatrist.

South African Foreign Trade Organisations (Sufo) spokesman Andrew Ngoma advises businessmen to observe health regulations when going to African countries.

Safest

"In addition to taking prophylactics against malaria it is advisable to get hepatitis shots - three over six months - and to check whether cholera and yellow fever have been prevalent in the area to be visited. In the case of malaria it is essential to continue treatment on return to South Africa."

Sales of prophylactics have risen sharply, says Anja Zolke, manager of Wellcome's over-the-counter products division. Wellcome makes two commonly used anti-malaria prophylactics, Malarone and Delspar.

However, these drugs are not recommended by the Department of National Health. Delspar is ineffective against chloroquine resistant parasites and Malarone is ineffective in those under 16.

The department says chloroquine is still one of the safest, most effective anti-malarials. Where there is resistance to chloroquine, a cocktail of chloroquine (sold under the brand name of Novanite) and Proguanil - not registered in South Africa - is recommended.

Framing

Mr. Mahomed says making endowment policies is sensible if a person has a subsidised bond. It would be better for him to invest excess cash elsewhere because the bond costs less than normal.

Mr. Mahomed says endowment policies are advisable in only a few cases. The problem is that if the policy grows faster than the bond rate, the borrower will make money or pay off the bond earlier.

The investor will lose money. Most endowment policies guarantee a return of about 5% a year and are performing at 5%-10% a year over 10-15 years.

Mr. Mahomed says this option is fraught with problems, mainly because it lacks flexibility.

Another option is paying only interest on the bond while contributing to a unit trust. They have generally shown a return of 20%-30% a year over 10-15 years.

Mr. Mahomed says these returns are affected by the unit trust and are therefore affected by the market. These advantages are that they are flexible and contributions can be increased or decreased. They can be cashed in at any time without incurring a tax liability.
Malaria rampant

Of the 100-million cases of malaria reported annually, 80% occurred in Africa, Health and Population Development Northern Transvaal director Dr Nicholas Crisp said yesterday after attending a World Health Organisation meeting in Brazzaville, Congo.

About 275-million Africans, or more than half the continent's 500-million people, were infected. The disease was responsible for 1-million deaths a year, he said.
Travelers warned to take precautions against malaria

The Department of National Health has warned prospective travelers to neighboring states to take precautions against malaria because of a reported increase in the number of people being exposed to malaria-carrying mosquitoes in these countries.

The department said in a statement that these visitors also run the risk of getting malaria which is resistant to certain preventative medicines.

Prospective visitors to malaria areas have been advised to consult a pharmacist, physician, health clinic or one of the regional offices of the department.

The correct medicine must be taken according to the instructions. It is important that it is taken for a period of four to six weeks after leaving the malaria area.
Western culture is a health risk

By SIPHO KHUMALO 23/5/93.

BLACKS who have embraced Western culture are paying an increasingly high price in obesity, heart attacks and other related diseases, medical experts have warned.

Instead of taking only the good out of Western culture and leaving out the bad, blacks have taken both, said Professor Yacoob See
dat of Natal University Medical School.

"Hypertension, a constant companion of heart disease, is fast becoming a way of life among black women," said See
dat.

One in three black women in urban centres in Natal is obese and suffering from hypertension, he said.

Figures released by the Heart Foundation paint a gloomy picture with more than 24 percent of all deaths in SA being caused by heart related diseases. This rate, said the Foundation, is higher than anywhere in the world.

The Foundation added that the incidence of heart disease in this country is increasing proportionally as blacks become more westernised.

Blacks start getting the diseases which are rampant among whites when they abandon their healthy lifestyle in favour of the western way of life.

Lack of exercise, cigarette smoking and unhealthy diet have been identified as the chief culprits on the new life style of blacks.

Blacks used to walk miles and miles to go and buy brown bread, thus getting a combination of exercise and good food in one stroke, comments Ningi Ncosto, a nutritionist at Umlazi's Prince Mshiyeni Hospital.

"These days they buy canned fruits and white bread, both low in fibre," she said.

White bread, which is inferior to brown, is wrongly considered a status symbol by blacks, she added.

Ngcobo said when black people ate ground mielies, which was rich in roughage, as their staple diet with sour milk and wild vegetables, heart attacks were very rare and diabetes non-existent.

She said the number of obese people - mostly women - attending the hypertension clinic at her hospital were increasing daily.

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Professor See
dat also blamed the tobacco industry for the increasing heart attacks among blacks.

He said as people in Europe became aware of the dangers of smoking, the tobacco industry was now dumping its product on Third World countries such as mainland China and Africa.

See
dat said the World Health Organisation (WHO) has advised countries to introduce primordial prevention programmes among those communities which had not yet developed destructive lifestyles.

He called on the government to introduce health education in black schools.
125 cases of cancer a day in SA

JOHANNESBURG. — An average of 125 cases of cancer are being reported in South African every day, according to a senior researcher, who warned that the number was bound to increase.

Dr Freddy Sitans, head of the National Cancer Registry of the South African Institute for Medical Research, said smoking, diet, lifestyle, pollution and infectious agents were responsible for 80-90 percent of cases.

Inherited cancers contributed only 5 percent, he said in the latest National Cancer Registry report.

Dr Sitans said there had been a 30 percent increase in smoking in South Africa between 1975 and 1986, and that cancers in 40,4 percent of males and 18,3 percent of females aged between 15 and 64 were associated with the habit.

"Cancer is bound to increase, given current trends in South African society," Dr Sitans said in his report.

He said one in eight blacks had a lifetime risk of being stricken by cancer “although the figure was more likely to be one in five or worse”.

For whites, the risk was about one in four for males and one in five for females. Rates for coloured and Asians ranged from one in five to one in 10, but Dr Sitans said rates for these two population groups could be much higher.

He said annual cancer cases reported had risen to 46,500 by 1989. This compared to 35,498 in 1986, 38,627 in 1987 and 45,576 in 1988.

In black males, cancer of the oesophagus was the most common, he said, adding that one in 52 black males had a lifetime risk of developing this cancer.

Cancer of the cervix was most common in black and coloured females, and at least one in 21 black females had a lifetime risk of developing this cancer.

"These South African rates rank among the highest worldwide," Dr Sitans said in his report. — Sapa.
Incidence of cancer rising

The incidence of cancer is increasing, with one in four men and one in five women at risk, the latest figures on the disease indicate.

Presenting the National Cancer Registry's statistics yesterday, Dr Freddy Sitjas said an average of 125 cases of all types of cancer were reported daily — and the figure continued to rise each year.

Almost 47 000 cases had been reported since 1989.

Sitjas cautioned that the figures were conservative because access to pathology services in SA's rural areas was rare, compounding the problem of developing accurate figures.

Smoking, diet, occupation, lifestyle, pollution and infectious agents were responsible for 80%-90% of all cancers.

Inherited cancers made up only 5% of the total.

Changes in SA's society during the past two decades which had contributed to the escalation of cancer cases included a 30% increase in tobacco consumption — from 34 million tons in 1975 to 44 million tons in 1986 — and the arrival of AIDS.

About 25 000 people were infected with HIV, he said. Such people were more at risk of developing cancers caused by other viruses.

"We know from data in developed countries that HIV causes dramatic increases in some of these cancers," said Sitjas.

"It is important to monitor all cancers associated with infection."

"Health planners need to know whether to expect even small increases in certain cancers because these could cause an increased burden in an already overcrowded public health service."

More than 40% of cancers in males and 15% in females were associated with smoking, he said.

Increased exposure to ultraviolet radiation caused by the "hole in the ozone" was also cause for concern, as excessive exposure led to an increase in skin cancer.

"Cancer is bound to increase, given the current trends in SA society."

"For this reason we need to measure the burden of cancer, especially in black rural areas, by establishing environmental-population-based cancer registries, where all forms of cancer diagnosis are taken into account," said Sitjas.
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Children don't have to die. They want and need lives that are decent.
SA gets vaccine to protect babies

By Zinogisa Mkhama

A vaccine to protect infants against the relatively unknown Hib disease which claims the lives of thousands of children worldwide, and leads to meningitis, has been made available in South Africa for the first time.

The vaccine, called HibTITER, is specifically designed to protect infants from as young as two months against the highly contagious Haemophilus influenzae type b (Hib) bacterial infection which causes Hib disease.

Disabling

Toddlers and infants infected with the virus may suffer from spinal meningitis, often with severely disabling side effects such as deafness, seizures, paralysis, hearing and vision impairment, and mental retardation in infants and toddlers.

According to Dr Lyne Leibowitz, a microbiologist from the SA Institute for Medical Research, 95 percent of the cases of this invasive disease are children under the ages of five. Sixty percent of victims develop meningitis, 9 percent die and up to 30 percent suffer permanent disabilities.

Hib disease is very contagious and is easily spread through casual contact. Researchers have found that infants attending play schools have a significantly greater risk of infection from the disease than other children in the community.

The risk is even greater in lower socio-economic population groups because of overcrowding and the general absence of preventive primary health care.

Leibowitz said 23 cases of meningitis linked to the Hib virus were reported at the Johannesburg Hospital between January 1992 and March this year in children between the ages of three months and three years.

Overseas studies have indicated that children have a 1200 chance of developing some form of invasive Hib disease before their fifth birthday. In South Africa the figure is 1:250.

A spokesman for the company that imports the vaccine, Neville Huxam, said that very little research has been conducted to determine prevalence of the disease in South Africa.

Widespread

However, Huxam said, preliminary data indicated that the incidence of the disease may be more widespread than was suggested by officials.

South Africa has joined group of over 16 countries that are using the HibTITER vaccine to protect infants from the age of two months against the disease.

The vaccine is available on demand and at a cost from chemists and doctors.
SA-made Klinolab 'major step forward'

PRETORIA — A revolutionary SA-developed medical instrument, the Klinolab, was unveiled by the CSIR yesterday.

Designed to detect congenital metabolic disorders, the instrument was the first of its kind in the world and represented a "major step forward in the diagnostic field", CSIR executive vice-president of operations Daan Toerien said.

Where conventional testing for metabolic disorders — believed to be a major cause of infant mortality — required a sophisticated laboratory, cost around R1 000 a test and had to be conducted by an experienced analyst, Klinolab was a simple, easy to operate unit which could complete the scan in six minutes for around R75, Toerien said.

As global interest was expected, international distributors were currently being approached to handle the product, valued at R157 000.

Thought up by a student in 1986, the Klinolab was developed jointly by the CSIR, Potchefstroom University's biochemistry department and Lektratek Instrumentation.

A CSIR statement said up to 94% of patients screened in the conventional way for metabolic disorders were diagnosed as negative. This was the same as a positive test, putting tremendous strain on resources.

The Klinolab, while unable to diagnose the specific disorder, could nonetheless screen out the negative patients, streamlining the process considerably.

In Europe, genetic defects were viewed as the most frequent cause of baby deaths, the statement said. The invention of the Klinolab would allow significantly more children in SA to be tested. In some instances, early diagnosis contributed to a successful cure.

"If a metabolic disorder is not diagnosed within the first 90 days after birth, it leads to retardation in the child," the CSIR said.
Malaria: ‘local drugs powerless’

By David Robbins
Health Writer

Thousands of South Africans risk becoming victims of the worsening malaria epidemic because the protective medicines used locally have lost their power.

This warning comes from a prominent haematologist (blood-disease specialist) at the Institute of Medical Research at Baragwanath Hospital.

The prophylactic drugs recommended by the World Health Organisation (WHO) for use in Africa are not even licensed in South Africa, and the drugs which are available — and widely used — are considered by experts to be inferior.

Refusal

They also carry a higher risk of side effects.

It has been estimated that there are about 300 million malaria infections globally, most of them in sub-Saharan Africa. Especially with the opening of South Africa’s northern borders, increasing numbers of South African travellers are at risk.

“The continued refusal of the Medicines Control Council to license the recommended prophylactics is a grave disservice to travellers from this country,” said Alan Fleming, professor of haematology at the institute and at Wits University.

For several decades now, malaria parasites have shown an increasing tendency to resist drugs designed for their control.

For this reason new drugs have periodically appeared, and new combinations of drugs are recommended for prophylactic and curative use.

The WHO’s recommended prophylaxis for Africa is chloroquine and proguanil taken together, but proguanil is not licensed in South Africa. Most widely used is pyrimethamine combined with chloroquine.

As long ago as September 1991, however, a group of local scientists was saying that due to resistance by malaria parasites to pyrimethamine, its combination with chloroquine “is no longer generally recommended as it is thought to confer only marginal, if any, benefit over the use of chloroquine alone”.

Proguanil, on the other hand, appears to be a superior drug. Although widespread resistance has developed here too, proguanil is still effective in combination with chloroquine.

Even more effective is another drug, mefloquine, but under certain conditions it produces neuro-psychiatric side effects, and it is not recommended for children or pregnant women. It’s a good drug for short-term travellers, but like proguanil it’s not licensed here.

“I am not willing to put my family or myself at risk by relying on the prophylactics currently licensed in South Africa,” said Fleming.

Professor Peter Folb, chairman of the Medicines Control Council, is currently overseas, but has been quoted recently as saying that the council’s decisions are “continually under review as circumstances change”.

For the record, the WHO has recently revised its recommendations for malaria prophylaxis in Africa, but the new recommendations are not yet licensed in South Africa, and it is unknown how long they will be effective.

The WHO recommends a combination of atovaquone and proguanil as a prophylactic for those who are unable to take chloroquine or mefloquine. However, this combination is not licensed in South Africa and is not recommended for children or pregnant women.

The lack of licensed prophylactics in South Africa presents a significant risk to travellers, given the high risk of malaria in the region.

In conclusion, the lack of licensed prophylactics in South Africa presents a significant risk to travellers, given the high risk of malaria in the region. The continued refusal of the Medicines Control Council to license the recommended prophylactics is a grave disservice to travellers from this country.
FOCUS: Immunising young children against the killer Hib disease

Serious gap in routine shots

Parents of young children, who can afford to, should be asking their doctors to immunise their children against Haemophilus Influenzae B. This is not the flu we know but is called “Hib disease”, which kills many children annually.

It hits children aged mainly between six and 12 months, though there have been some cases involving children as young as two months. Mostly, it affects children before they are five years old.

It may cause the deadly, infectious and treatable meningitis, as well as specific types of ear infections which lead to deafness, arthritis, septicemia and pneumonia.

In the United Kingdom, according to the Drug and Therapeutics Bulletin, the newer vaccines should prevent the deaths of 55 children annually and prevent serious illness in another 1,100.

In South Africa, the problem is a great deal more serious, as it is known to affect poorer populations more seriously.

In other words, the vaccine ought to be given to all black children, along with other routine vaccinations, like those against measles, tuberculosis, etc. But, because of the costs involved — a private shot will cost around R50 — it is not yet supplied by local authorities.

In the UK, it has recently been introduced along with all the other routine inoculations.

Research shows that children under five years in South Africa have a one in 250 chance of falling ill with the disease. According to the research, black male children are most at risk.

It is a highly contagious disease, easily spread in schools, creches and the like.

In the UK, two types of vaccine are available — here so far, only one, known as HibTITER and made by Lederle. According to local doctors, the vaccine is safe and effective, and it eliminates a major cause of child deaths.

The Drug and Therapeutics Bulletin says when it is given with the usual diphtheria, tetanus and pertussis shots, and then with polio shots, it will provide protection to children from four months old. And according to studies in the UK, no booster shots are needed afterwards.
FRAZER, 1922.

The Minister for National Health and Welfare

The minister is empowered to make such regulations as he considers advisable for the prevention, control, and treatment of tuberculosis. The regulations may include measures for the isolation of patients, the testing and treatment of contacts, and the establishment of tuberculosis clinics.

The regulations may also provide for the inspection of premises and the control of the use of water supplies and other facilities that may be necessary for the control of tuberculosis. The regulations may also provide for the payment of compensation to persons who suffer loss or damage as a result of the regulations.

The regulations may also provide for the establishment of a tuberculosis registry and the maintenance of a register of persons who have been infected with tuberculosis. The register may be used to identify persons who are at risk of contracting tuberculosis and to monitor the progress of treatment.

The regulations may also provide for the establishment of a tuberculosis research agency and the conduct of research on the causes and treatment of tuberculosis. The research agency may be responsible for the development of new treatments and the improvement of existing treatments.

The regulations may also provide for the establishment of a tuberculosis education program and the provision of education to the public about the causes and treatment of tuberculosis.

The regulations may also provide for the establishment of a tuberculosis fund and the collection of funds from the public for the support of persons who are unable to pay for the treatment of tuberculosis.

The regulations may also provide for the establishment of a tuberculosis advisory committee and the appointment of persons to the committee to advise the minister on matters relating to tuberculosis.
Two malaria drugs get council’s nod

By David Robbins
Health Writer

The Medicines Control Council (MCC) has given the green light for two important anti-malarial drugs which have been recommended for sub-Saharan Africa, but which were not registered for local use.

This news comes after The Star noted on Monday that thousands of South Africans risked becoming victims of the worsening malaria epidemic because many medicines in use had lost their power and the two drugs were not available.

"The council has taken a decision to approve both products — proguanil and mefloquine — on condition that certain provisions are met," the Registrar of Medicines, Johan Schlesbusch, said yesterday.

Mefloquine, first developed in 1985, is marketed under the trade name Lariam. It is a powerful prophylactic for short-duration travellers, but has some side effects. It is not recommended for pregnant women.

The wrapping must also carry warnings with regard to side effects. Lariam will be available on prescription only.

Proguanil is an older drug, to which considerable resistance has been built up. But it is extremely safe.

The long delay in its registration remains a mystery.

According to Dr Matt Haus, medical director of Zeneva-ICI SA, the company which will supply proguanil, an application for registration was first submitted to the MCC about five years ago.

"During that time we were allowed to dispense the drug only on compassionate clearance grounds, a system controlled by the MCC, and not through pharmacies.

"Finally, in July 1991, we withdrew our application and stopped importing because we couldn't keep up with the overwhelming demand," said Haus.

"Since withdrawing our application, we've been handling several phone calls a day from people asking for the drug.

Now, although we have not reapplied for registration, we've been notified by the MCC that the council has decided to approve the product," he said.

Proguanil is marketed under the trade name Paludrine. Its packaging must contain the warning that resistance to proguanil is widespread, and that it must always be taken with chloroquine.
Cancer toll in SA hits the 125 new cases-daily mark

Doctor warns that varying causes on increase

ANDREA WEISS
Health Reporter

AN average of 125 cases of cancer are being reported in South Africa daily.

Smoking, diet, occupation, lifestyle, pollution and infectious agents cause up to 90 percent of all these, while inherited cancers contribute only about five percent of the total.

These figures were released by Dr Freddy Sitata, head of the national cancer registry at the SA Institute for Medical Research.

A 30 percent increase in tobacco consumption and an increase in the numbers of people with HIV have also had a significant impact.

Increased cancers due to tobacco were in the region of 40 percent for men and 15 percent for women. These included cancers of the mouth, pharynx, larynx, lung, oesophagus, stomach, kidney and bladder.

HIV could cause a dramatic increase in certain cancers which could increase the burden on already overcrowded public health service.

Increased exposure to ultraviolet radiation due to the ozone "hole" was also cause for concern. Skin cancer was already the commonest cancer in the white population.

Bacteria and viruses played an important role in cancers. The human papilloma virus was linked to cancer of the cervix while Hepatitis B had a link with liver cancer.

Dr Sitata cautioned that, because access to pathology services in certain areas was limited, accurate figures were difficult to obtain for the black population.

From the figures at his disposal, lifetime risk of cancer for blacks had been pegged at one in eight, although this could be as low as one in five if under-reporting were taken into account.

For whites, the risk was one in four for men and one in five for women.

Significant work could be done to control cancers of the cervix, oesophagus, skin and mesothelioma (caused by inhaling asbestos fibres), he said.

Cancer of the cervix was treatable if caught early, making a strong case for a national screening programme.

Cancer of the oesophagus was caused by a combination of poor diet, smoking, alcohol and the consumption of mouldy maize and was the commonest cancer in black men.

South African whites had the highest rate of mesothelioma worldwide. Black rates were lower, but it was probably because of lack of access to diagnostic facilities.

Dr Sitata made an appeal for the establishment of regional cancer registries which would give a more accurate measure of the "true burden of cancer".
Cancer Registry struggles to fund reliable data base

An authoritative source of cancer data in Africa is beginning to emerge for the first time, and some old myths have crumbled. For example, cancer is not, as some suggested, a First World disease which afflicts only the affluent white middle-aged.

Black people appear to be equally vulnerable. And the disease is not only on the increase.

Rates for oesophageal (part of the alimentary canal) cancer in black males, cervical cancer in black and coloured females, and certain skin cancers in certain races are among the highest in the world, thanks to the National Cancer Registry (NCR), which has recently published its third detailed analysis of the disease in South Africa.

Interestingly, this important institution was established only in 1980.

Before that time, South Africa lagged far behind the rest of the world — and not a few countries in Africa — in knowing just what the world's most fear- ed disease was actually doing on a national level.

Not enough

Historical records are available only for Johannesburg (1923-50), Pretoria (1951-73), Natal (1946-1950), the Cape (1918-1927) and in four districts in Transvaal (1928-1941).

According to the current head of the NCR, Dr Fredy Sidis, nowhere near enough is being spent, even now, to establish a reliable cancer data base.

It operates off a paltry budget of R260 000 (in 1990) and is housed in two rooms at the Johannesburg headquarters of the South African Institute of Medical Research.

The NCR has a staff of only three, but still copes with about 50 000 entries each year.

"It is imperative that resources are made available to improve registration of the disease and related data collection."

Ensuring accuracy

"This is the only way to ensure accuracy, without which good health planning is impossible," Sidis says.

Current methods of data collection is through the voluntary co-operation of pathology laboratories throughout the country.

This gives a reasonable idea of incidence in the urban areas.

"But we are almost certainly underestimating a vast number of cases in rural areas," Sidis admits.

"We are attempting to set up regional registries in four areas, but at the moment only one of these is working with any degree of efficiency."

Main functions

Sidis says he has been given a grant of R80 000 towards the costs of establishing regional registries.

"It's simply not enough," he says, "even for the four pilot programmes."

The four main functions of an efficient cancer registry are.

- To establish base-line trends in the disease which show regional and population group differences
- To link with the International Association of Cancer Registries, and in compare rates of incidence
- To offer data useful in the evaluation of screening and other intervention programmes, for example with breast and cervical cancer
- To provide information regarding the effectiveness of various cancer treatments

"Beyond this, trends can be picked up early by those working with the data, and statistical predictions made which could be extremely useful to health policy makers and those charged with health budgets," Sidis says.

Examples of the type of predictions which could be made are the increasing responsibility which smoking must bear for rising incidences of the disease and what this could mean in 10 or 20 years, and the linkage between HIV positivity and virus-related cancers.

Expensive business

Already, information emanating from South Africa's tiny NCR is being used by the insurance and health agencies.

"There is a great deal more that can and should be done," says Sidis.

"But the reality is that data collection and analysis is an expensive business."

And who will pay?

Although the private sector is willing to pay R10 per copy of the NCR's published statistics, Sidis believes that the private sector contribution should be far more.

At the moment, the NCR's income is provided jointly by the South African Institute of Medical Research, the Cancer Association of South Africa and the Department of National Health and Population Development.

Single example

Smaller ad hoc contributions have also come from Anglo American, the South African Medical Research Council, several computer companies and private donors.

Sidis says: "With more support we could provide a lot more urgently required data. Let me give a single example.

"It seems likely that if tobacco consumption rates among blacks reach those prevailing among whites in the 1950s and 1970s, we can expect an increase in smoking-related deaths of well over 1 000 percent in the African population by the year 2000."

"With more support we could plot the probability."

At the moment we can only estimate."
Hidden Menace for Asthmatics
Call for unity to end taxi violence

PRETORIA — In a bid to end the rivalry and violence endemic to the minibus taxi industry, the creation of a single national taxi association was proposed yesterday.

National transport policy forum chairman George Ngocota, speaking at the 13th Annual Transportation Convention conference in Pretoria, called on all taxi operators and organisations to unite into one association.

But minutes after the call for unity, the deep rifts within the industry became evident once again as taxi association chiefs took up verbal cudgels.

SA Black Taxi Association president James Ngocota said the newly formed marketing arm of the Pretoria United Taxi Association, Taximax, was destroying his organisation.

He accused Taximax director Enos Makena of poaching key staff, drawing away Saba members and of sowing discord in the industry.

Makena had delivered a paper earlier in the day arguing that Taximax, at its foundation in January this year, had pledged to bring professionalism, discipline, safety and profitability to the industry. He said Taximax intended to implement driver training, establish vehicle maintenance workshops and investigate new business avenues.

But Ngocota said: “I don’t know anything about this Taximax other than that it is destroying Saba.”

Ngocota said the violence associated with the taxi industry, which had killed more than 10 people in Soweto alone this year, had to stop.

A national taxi indaba had been planned by the policy forum, at which the question of unity would be debated.

“We want to give the people an opportunity for a new start.” At the indaba, a national code of conduct for operators and drivers would be drawn up, he said.

An agenda and date for the indaba were being investigated.

Old cure-all lauded in new report

RECENT medical studies had shown that aspirin could effectively combat migraines, heart disease and common strokes, the SA Aspirin Foundation said recently.

Aspirin, which has been in commercial use for the past 100 years, has also been found to prevent pregnancy complications, a report released by the foundation said.

The report cautioned, however, against extensive use of aspirin by high-risk pregnant women.

In two long-term studies in the US and UK it emerged that subjects who regularly received low dosages of aspirin reported a lower incidence of migraines and musculo-skeletal pain. The reason was still being investigated, a foundation spokesman said.

Aspirin’s anti-thrombotic properties were responsible for its effectiveness in preventing heart attacks and common strokes, the report said.

But aspirin should not be used regularly by people with gastric problems and by younger children.

However, Kawasaki’s Disease, which usually strikes infants and small children, could be countered by aspirin and gammaglobulin, the report said.
Transkei typhoid outbreak confirmed

UMTATA. — There has been an outbreak of typhoid fever in the Port St Johns area, a spokesman at the nearby Isilimela Hospital confirmed yesterday despite a government denial.

He said almost 100 cases of the infectious disease — which is spread through contaminated food and water and characterised by red rashes, high fever and bronchitis — were treated at the hospital this year.

However, Transkei's Department of Health denied the outbreak yesterday, dismissing it as “speculation.”

"We have no evidence of any typhoid outbreak in the area," the department said.

The spokesman at Isilimela Hospital said they were now treating three people for typhoid and three others were transferred to Umtata General Hospital for intestinal operations.

He said at one stage as many as four patients were being admitted daily with the disease.
WASTE: Part of the refuse which is lying uncollected

The worst of the refuse and their health effects are affected by the presence of sick people. The health of people suffering from chronic diseases is at greater risk than others. The situation is critical everywhere because sick people cannot perform regular work. Many children fall sick and are unable to work. Children are the most affected because they should go to school and do studies. The situation is also critical because of the children's health issues. The situation is even critical because of the children's health issues.

(The picture shows a town where refuse is scattered everywhere, and children are playing in it.)

By Sabina Hegde

DISEASES FROM REFUSE

Children catch diseases from refuse
Govt 'committed to proper food hygiene'

PRETORIA.—Declining food hygiene standards led to lowered population health, burgeoning medical costs and poverty, Deputy Agriculture Minister Tobie Meyer said at the weekend.

The lowering of hygiene standards was "a luxury" South Africans could ill afford, he said. Officially opening Onderstepoort Veterinary Institute's new food hygiene research centre, Meyer said government remained committed to maintaining proper hygiene standards for the whole population.

The importance of food hygiene was underscored by the high incidence of diarrhoea, a major cause of malnutrition in developing countries. About 70% of all diarrhoea cases was caused by poor food hygiene, Meyer said.

SA could no longer afford escalating public health costs and the centre, which cost R6m, had a role to play in supplying unchlorinated water, promoting hygienic living conditions and ensuring that food was safe.
Town in typhoid scare

By CAS ST LEGER

An Eastern Transvaal town is preparing itself for a typhoid epidemic after dozens of residents have fallen ill with stomach complaints.

So far 15 cases of typhoid have been confirmed among residents of the black township of Delmas, near Springs.

But clinics in the town have also treated about 100 patients for what they thought was a seasonal outbreak of "apricot stomach" or gastric flu.

Town clerk Jemah Lawes said this weekend he believed Delmas was in the throes of its first full-scale typhoid outbreak.

"We have prepared ourselves for an epidemic. We have made contingency plans, have medical corps staff on standby and if the hospital beds fill up, a school has been identified to provide temporary facilities for treating patients," said Mr. Lawes.

Seriously ill patients, all residents of Bophelo, have been transferred by ambulance to the Far East Rand Hospital, Rietfontein, and other hospitals on the Reef.
1000 get treatment for lypoidal

WHAT YOU SHOULD KNOW ABOUT IT

Symptoms: Headache, fever, chills, weakness, vomiting, bruising, petechiae, bleeding gums, nosebleeds, vision problems, seizures, convulsions, confusion, delirium, coma, death.

The disease is caused by a virus called the lypoidal virus. The symptoms can vary from mild to severe, and the disease can be transmitted through contact with infected blood or bodily fluids.

Disseminated intravascular coagulation (DIC) is a complication of lypoidal disease that can lead to multiorgan failure and death.

Emergencies
- Call 911 if you think you or someone you know has lypoidal disease.
- Do not wait for your symptoms to improve before seeking medical attention.

Prevention
- Avoid contact with blood or bodily fluids of infected individuals.
- Wash your hands frequently with soap and water.
- Avoid sharing needles or other injection equipment.
- Get vaccinated against the lypoidal virus if you are at high risk of exposure.

Support services
- Local health department
- State health department
- CDC
- American Red Cross
- United Way

By Michael Sparks

SADD personal work around the clock to contain eastern Tidewater
Deaths reported as typhoid spreads

BY MICHAEL SPARKS

The typhoid epidemic which is sweeping through the eastern Transvaal township of Botleng, near Delmas, has affected more than 1 500 of the township's 85 000 residents, with four deaths reported by yesterday afternoon.

So far only one death has been confirmed as being caused by typhoid.

ANC spokesman Ronnie Mamoepa said in a statement that the rapid spread of the disease was a clear indication of the appalling conditions under which people were forced to live.

He condemned the authorities who had allowed the unhealthy living conditions to develop, adding that it was a legacy of 45 years of NP rule.

The number of people reporting sick to the field hospital at Delmas airport had dropped yesterday but, according to Brigadier Louis du Preez, who is in charge of the hospital, many people were staying in their shacks and houses because of the heavy rain.

He added that while only 95 people had reported sick yesterday — with only 30 admissions to the hospital — many of those were sicker than those who arrived at the hospital on Monday.

"A lot of people coming to us were in a more serious condition today, especially the younger children because the parents have been trying to treat them at home," Du Preez said.

He said that he did not see the outbreak of typhoid subsiding for at least another week as the disease had an incubation period of about seven to 14 days.

The field hospital discharged 51 patients yesterday, up from 41 on Monday.

Three others were transferred to one of eight hospitals in the PWV which are taking the overflow of patients.

This brings to 241 the number of people in provincial hospitals with suspected typhoid.

Patients sent to provincial hospitals were in a more serious condition, but the move also helped to reduce the pressure on the facilities at the hospital, dubbed Groote Schuur.

Some fresh faces from the army were brought in yesterday to relieve the 50 SADF medical corps personnel who have been working around the clock to treat the patients at the field hospital.

But many of the same faces were still among the 24 workers from the community who have volunteered their assistance.

While some of them have first-aid training, many have not. But they have worked as tirelessly as everyone else, taking care of patients' needs.

Other community groups have also come forward, providing food for the volunteers, while the town council provides food for the military personnel.
Four dead following outbreak of typhoid

MARIANNE MERTEN

FOUR people have died following the outbreak of typhoid in Boitlog township near Delmas over the weekend, but authorities could not confirm whether they had died of the disease.

The Transvaal Provincial Administration said yesterday not all of the 1,452 people treated at an emergency field hospital at Delmas airport were treated for typhoid.

However, provincial hospitals in Delmas, Nigel, Helderkruin, Johannesburg and Springs are still treating 341 typhoid patients.

Water Affairs assistant director Petrus Venter said the disease had probably been spread through water and the township's unsanitary conditions.

Unsanitary conditions in the Delmas township and Alexandra in Johannesburg had been discussed at a meeting between the department and area co-ordinating centres three weeks ago.

Delmas town clerk Johan Louwerse said a further 138 patients were yesterday admitted to the emergency field hospital set up at the local airport at the weekend after more than 350 typhoid cases were reported.

Since Saturday, 727 patients were referred from the field hospital to other hospitals in the area.

Delmas town secretary Henri de Hart said earlier this week the disease was probably spread by contaminated food prepared by a person who carried the virus. He expected the number of patients to continue increasing as typhoid symptoms appeared only 10 to 14 days after the disease was contracted.

The ANC said yesterday the fact that the disease had spread so quickly was an indication of appalling squatter living conditions.
Botleng typhoid was predicted

BY MICHAEL SPARKS

The typhoid epidemic that has affected more than 1,600 residents of Botleng township, near Delmas, was predicted three years ago.

A prediction was also made that this could happen in many of the squatter settlements in the country, according to medical experts.

In a 1990 survey which was commissioned by the Botleng Civic Association, Dr Eric Buch, who is currently director of community health for the Johannesberg City Council, found that there was a "significant risk of... an unnecessarily high rate of childhood diarrhoea and a risk of outbreaks of polio and typhoid".

Buch said yesterday: "I am not very happy that I was right about this. If something had been done three years ago, an epidemic of this nature would have been prevented," he said.

ANC health department spokesman Dr Tim Wilson said: "It is outrageous that the Government could be so arrogant and incompetent as to ignore a report that warned of these dangers three years ago."

Wits University medical microbiology department head Professor Keith Klugman agreed, saying that the potential for a similar outbreak in other squatter camps was "great".

On Tuesday, Klugman began an investigation which was commissioned by the Delmas Town Council to find the source of the epidemic.

So far four deaths have been recorded in Botleng but only one of these has been confirmed as being from typhoid.

Klugman said that the very rapid spread of the disease, while remaining restricted to Botleng residents, suggested that the typhoid could have been carried in the water supply, but he added that it could also have been caused by other factors.

Chairman of the Delmas management committee David Swane- poel is convinced the disease is not from the township's water, which is purified with chlorine.
Typhoid: ‘Foul play’ possible

JOHANNESBURG. — African National Congress PWV region chairman Mr Tokyo Sexwale said yesterday foul play could not be ruled out at Botleng near Delmas in the Eastern Transvaal, where more than 1 600 people have been treated for typhoid over the past few days.

Mr Sexwale made these comments while visiting the field hospital outside Delmas where victims of the disease are being treated.

Mr Sexwale said the outbreak of typhoid showed what apartheid could do to black people. The disease had not broken out in a white residential area, but in a black squatter camp.

Since the water in the Eastern Transvaal squatter camp of Botleng became “different” two weeks ago, four people have died and more than 1 500 treated for typhoid fever.

Residents blame a new reservoir.

But Mr A J Roux, administrator of the Botleng Town Council, said tests conducted on the reservoir water found it to be clean and drinkable. He said the cause of the outbreak remains unknown.

Yesterday, 124 people were in the field hospital. Others had been sent to other hospitals.

Fewer people arrived on Tuesday compared to Monday, leading officials to think the worst was over. — Sapa-AP
There's no beauty in Botong

Morgan's life: Ves Demas' inscription a place that inherited the naives of apartheid.

Mohamed Para

is holy argued as disease target:

Sudden Pain Cause of Uprooted
felt terrible pains in my stomach which increased as moments ticked by. As I was cringing, Nontokozo was turning and crying and I didn't know what to do.

"Fortunately," my mother turned up and summoned help. I was rushed to the emergency clinic where I was given immediate attention by the medical staff. I won't forget this day," she said.

Nelly Zulu (61), a mother of five, also experienced stomach aches. Her condition was worsened by vomiting.

"I thought this was the end of me. I was rushed to the clinic and admitted. An intravenous drip was then administered, probably to strengthen me," says Zulu.

Among the unsung heroes of Delmas are the soldiers of the South African Medical Services, who are working round-the-clock to save lives.

Brigadier Louis du Preez, officer in charge of Witwatersrand Medical Command, said they also assisted patients with transport to and from hospitals.

The general secretary of the Bantu Civic Association Mr. Punthu Mabhena said among their demands were:

- The prevention of the problem from escalating.
- Health education to residents and the construction of decent houses for shack dwellers.

Mabhena, however, expressed his appreciation about the role of the Sams.

Solving such problems will obviously constitute one of the major challenges for the interim government if it wants to avoid being likened to the 45 years of National Party rule or being dubbed NP in a new form.
Squatters live in filth and fear.

From PAGE 4

A field hospital in a corrugated iron hangar at the Hendrik Schoeman airfield, big enough to accommodate two light aircraft. At the entrance, a big crowd waits patiently for news of relatives who have been admitted. Some are angry, demanding access; an old woman stands quietly with a rosary in her hand.

Inside, 54 patients lie on stretchers in single file; about 20 more arrive for treatment every hour. There is a sense of urgency, with civic members, first aid units, SADF members and volunteers working hand in hand.

Children sit next to their sick mothers; mothers sit next to crying babies; young men wander aimlessly through the semi-darkness.

The man in charge of the hospital, Brigadier Louis du Preez, says the community is being told how to identify typhoid. But most of the residents interviewed had little understanding of the disease or how to prevent it.

"I don't know what happened to me, but my body hurts all over," says Esther Nkosi. "I just pray to God I'll live. I'm missing my family."

Council worker Job Khumalo tosses and turns in pain: "I don't know anything, except the headaches and the vomiting when it attacks. I'm hungry, but I'm afraid to eat because it will all come back."

As eight-year-old Christina Mahlangu's condition deteriorates, an ambulance is called in. She is taken to the Far East hospital near Springs, 35 km away — despite the fact that Delmas, 5 km away, has a hospital of its own.

"There is no way they will accept the child into Delmas' white hospital, even though they can see she is in a critical condition," said Sepenyane.

Delmas town clerk Luwes stressed that the Botleng town committee was "an independent local authority." It had developed its own water supply field which Delmas replenished, he said. Delmas also tested water samples.

Botleng was fully serviced, with roads, water, electricity and sanitation systems. Delmas improved services in the township "on a contractual basis as and when required by the Botleng local authority." Services could not be provided to the 3,500 squatter structures, however, as they were on land unsuitable for residential settlement.

As ... the town clerk is not a political functionary, this is a question I cannot comment on."
Another typhoid victim dies
Sowetan 26/11/93
OUTBREAK Cause of epidemic still not known:

Sowetan Reporter and Sapa

Five people have died and 204 others are receiving medical treatment following the outbreak of typhoid at Dobeng township near Delmas, according to the Transvaal Provincial Administration.

The TPA's communication services directorate yesterday said the fifth victim died on Wednesday night. So far, more than 1,600 people have been treated at an emergency field hospital outside the township.

The TPA said it was doing everything possible to prevent the disease from spreading to other patients at hospitals where the infected were being treated. Special measures had been taken to launder their clothes separately and to use disposable eating utensils.

Researchers had not yet determined the cause of the outbreak.

The researchers, led by microbiologistsProfessor Keith Glugman and Dr. John Prean of the South African Institute for Medical Research, believe water is the most likely cause of the epidemic.

Prean said results of laboratory tests would be disclosed early next week.

Residents point to a newly built reservoir as the likely source of the plague.

The chairman of the Delmas management committee, Mr. David Swaneboy, has rejected claims that the township's water was purified with chlorine.

Experts have meanwhile advised residents to boil water before use.

Meanwhile, a health co-ordinating committee had been established to find the quickest possible solution to the epidemic, the Department of National Health said.

A joint epidemiological survey by the universities of Pretoria and the Witwatersrand started yesterday.
Government is blamed

Soweto 26/11/98

The typhoid epidemic that has affected more than 1,700 residents of Botlelang township, near Delmas, was predicted three years ago.

A prediction was also made that this could happen in many of the squatter settlements in the country, according to medical experts.

In a 1990 survey which was commissioned by the Botelang Civic Association, Dr Eric Buch, currently director of community health for the Johannesburg City Council, found that there was a "significant risk of ... an unnecessarily high rate of childhood diarrhoea and a risk of outbreaks of polio and typhoid".

ANC health department spokesman Dr Tim Wilson said: "It is outrageous that the Government could be so arrogant and incompetent as to ignore a report that warned of these dangers three years ago."

Wits University medical microbiology department head Professor Keith Klugman agreed, saying that the potential for a similar outbreak in other squatter camps was "great."

On Tuesday, Klugman began an investigation which was commissioned by the Delmas Town Council to find the source of the epidemic.

So far five deaths have been recorded in Botelang but only one of these has been positively confirmed as being from typhoid.

Of 79 reported ill, just seven were admitted, compared to 46 on Wednesday. "The others are treated and given medication," Klugman said.

Chairman of the Delmas management committee David "Swampy" Swanepoel is convinced the disease is not from the township's water, which is purified with chlorine. — Soweto Correspondent.
PRITORIA. — Five people have died and 204 others are being treated in provincial hospitals since typhoid broke out at Botleng township near Delmas, the Transvaal Provincial Administration said yesterday.

The TPA's communication services directorate said in a statement the fifth victim died on Wednesday night.

The TPA added it was doing everything in its power to prevent the disease from spreading to other patients in the hospitals, and special measures had been taken to launder their clothes separately and use disposable eating utensils.

"The TPA wishes to express its appreciation to all the staff and others involved in helping to handle the additional workload in the affected hospitals efficiently," the statement said.

Supa
Typhoid outbreak believed responsible for five deaths

ANOTHER two people had died after an outbreak of typhoid at Soshanguve township near Delmas, bringing the total number of deaths apparently caused by the disease to five, the TPA said yesterday.

Only one of the deaths however, had been confirmed as caused by typhoid.

The flood of patients to the emergency field hospital set up at the Delmas airstrip continued unabated yesterday, with a further 150 patients coming in for treatment. Almost 2,000 patients had been treated since Saturday.

More than 200 patients were still being treated at a number of provincial hospitals in the area, but the TPA gave the assurance that it was doing everything in its power to prevent the disease from spreading to other patients in the hospitals.

Special measures had been taken to launder their clothes separately and for them to use disposable eating utensils, the TPA said.

Meanwhile, the search for the cause of the outbreak continued. Pretoria and Wits universities began their joint epidemiological survey yesterday, while the SA Institute for Medical Research said the results of an analysis of water samples would soon be available.

Following a meeting between all role players in the township yesterday, a health co-ordinating committee was established to manage the typhoid epidemic more effectively.
Six dead in typhoid epidemic

PRETORIA. — The death toll in the Delmas typhoid epidemic has risen to six, while 307 people are being treated in hospital, the Transvaal Provincial Administration said.

A sixth person died on Thursday night.

One of the new admissions to the Far East Rand Hospital was a white angler from Springs, who had been fishing in the Delmas area, the statement said yesterday.

The source of infection was still not known.

The statement stressed that visitors to Delmas were entering a high-risk area and urged them to take precautions.

A total of 177 patients were still being treated in provincial hospitals, 123 in the field hospital, four in Heidelberg Hospital and three in Boksburg. Benoni Hospital.

A joint epidemiological survey is being carried out by the universities of Pretoria and the Witwatersrand. — Sapa.
22 more treated for typhoid

About 22 more people suffering from typhoid were admitted to provincial hospitals while 123 were being treated at the emergency field hospital at Delmas yesterday, a member of the SAF medical corps said.

This brings to 164 the number of typhoid cases reported in the area since the epidemic first broke out in Boleng township, near Delmas, more than a week ago.

Only one death has been confirmed.

The source of the typhoid is still unknown. However, a contaminated water supply had not been ruled out.

Professor Keith Khigman, head of the department of medical microbiology at the University of the Witwatersrand, said last week that investigators had not yet been able to find a source of the disease although they were testing water. — Staff Reporter.
Typhoid: 143 in hospitals

DELMAS. — More than 20 people suffering from typhoid were yesterday admitted to provincial hospitals near Delmas, east of Pretoria.

Member of the SADF medical corps Mr Kobus Grobler said another 123 were being treated at the emergency field hospital here.

This brings to 1,684 the number of typhoid cases reported in the area since the epidemic first broke out in Bophelong township more than a week ago.

One death has been confirmed as typhoid-related. The source of the typhoid is unknown, but a contaminated water supply has not been ruled out as a reason the epidemic is spreading so rapidly. — Sapa
Fewer typhoid patients being admitted

BY MICHAEL SPARKS

While the number of people reporting for treatment for symptoms of typhoid at the emergency field hospital in Botleng near Delmas remains high, the number being admitted to the hospital has been declining steadily.

According to Colonel Piet Killian at the hospital, the total number of patients treated since the outbreak of the epidemic 10 days ago has leapt to 2,900.

The number of deaths from the epidemic increased to six when a 31-year-old man died on Saturday. Only two of the deaths have been confirmed to have been caused by typhoid.

More than 900 people have reported for treatment since Friday morning, with 140 being admitted to the hospital since then.

During a visit to the hospital, set up in an aircraft hangar, the State President's wife Marike de Klerk gave a message of goodwill to the patients there yesterday morning. She also gave them a gift of toiletry essentials so that they could use the shower facilities set up at the hospital recently.

Local ANC Youth League chairman Victor Khanye said he was pleased that De Klerk had brought gifts to patients at the hospital, but added he was upset that she had come to visit only during a crisis.

According to Professor Keith Khunza, head of the medical microbiology department of the University of the Witwatersrand, no cause for the typhoid epidemic has yet been established.

At the hospital, patients are given medication as well as intravenous fluids.
Typhoid: No source as yet

DELMAS. — Tests on water samples taken in the Bolleeng area, site of a typhoid epidemic, had all been negative, Delmas town clerk Mr Johan Luwes said yesterday.

The number of deaths in the area has risen to eight and about 315 typhoid fever patients are still hospitalised.

Mr Luwes said an application has been lodged to start a disaster fund for victims and the community.

Investigations into the cause of the outbreak are being continued by health officials and researchers. — Sapa
Typhoid epidemic now under control

BY MICHAEL SPARKS

The typhoid epidemic that struck Botleng, near Delmas, is finally coming under control after infecting more than 3,200 people in the past 10 days.

According to Colonel Piot Killian, from the emergency field hospital set up in an aircraft hangar near the stricken township, more than 3,200 patients have been treated so far, with 1,115 admitted to this hospital and provincial hospitals by yesterday afternoon.

Killian said that while the number of people reporting to the field hospital had declined somewhat, he was taking heart from the far lower number of people who were being admitted.

"The percentage of people admitted compared to the number we see is how we judge whether we are getting the situation under control," Killian said.

The number of people with confirmed cases of typhoid was now 86, he said, although many more had been infected by the disease.

No cause of the outbreak has yet been found. A team of academics and scientists is trying to find out why the disease spread so rapidly, remaining confined to Botleng.
The typhoid epidemic that claimed six lives and infected approximately one in 10 residents in Botleng township appears to be abating, say doctors, with fewer people being treated and many recovering.

The "plague" has given impetus to a Delmas City Council plan to move the residents of Welhumlanga and Mandela E squatter camps to more suitable land after their bucket sewage system, rubbish heaps and overcrowded filthy streets were blamed for the epidemic.

More than 3000 sufferers have received treatment at the nearby Hendrik Schoeman Airfield hospital since the outbreak. The last group of 113 patients had been treated by late on Tuesday. Colonel Pet Kilian, a medic at the makeshift hospital, said there had been a noticeable drop in the number of typhoid patients being admitted to the hospital, from 22 percent of outpatients to four percent this week which tells us that people are getting better.

Civic and community organisations last week accused the Delmas City Council of having ignored requests to improve infrastructure, sanitation and water supply in Botleng.

This week, town clerk Johan Luwes said that before the epidemic broke out, "we were in the process of acquiring land to resettle squatters and to provide them with proper services like a water-bound sewage system. About 2700 stands have already been acquired so far and 531 families have been resettled on that land. We intend acquiring more land for this purpose."

He added that about 3000 squatters were presently settled on unsuitable land and "this may have led to the outbreak of the typhoid epidemic due to lack of proper hygiene. The Botleng council is doing everything to get them settled in a properly served area in phase two."

When news of the outbreak was first reported, Luwes said, there was a health education programme in process. "About 20 health workers in the area were going around teaching residents basic hygiene."

However, local civic leader Bantu Mabena laughed off claims by Luwes that the council had employed health workers, saying the only health workers operating before the epidemic had been community volunteers.

He said: "The civic is still negotiating with the council to employ the 15 community volunteers who are already trained to do the job. So far, we haven't reached any agreement on the matter."

Luwes admitted the resettlement programme was beset with problems.

"There is no quick-fix solution to the squatter problem. We could resettle the whole squatter camp in one swoop, but there will still be people flocking here from other areas."

Mabena dismissed this, saying people would not want to move to "this unsuitable place." He said his organisation was continuously alerting people to the dangers of Welhumlanga squatter camp — where most of the victims of the epidemic came from.
Delmas typhoid linked to contaminated water

PRETORIA.—Contaminated water could have been the source of the typhoid outbreak in Delmas on the far East Rand, which has claimed 11 lives in about two weeks.

"There is a possibility the water was infected at one stage. Samples of the water, however, tested negative for salmonella typhi and it cannot be determined beyond doubt how, where and when the infection took place," the Department of National Health said yesterday.

Among the latest victims of the disease were a six-month-old baby, a 43-year-old man and a 73-year-old woman, said the Transvaal Provincial Administration.

It said 326 people were being treated for typhoid, 125 of them at a field hospital and 101 in provincial hospitals.

The water was now safe and was being monitored continuously.

The provincial administration said it was taking special measures to prevent the disease's spread to other patients, including washing laundry separately and using disposable cutlery.

In addition, every patient discharged from provincial hospitals was being provided with pamphlets on measures to combat the disease. — Sapa.
Source of typhoid has experts baffled

PRETORIA. — Scores of patients have been treated for typhoid since the disease broke out in Delmas on the far East Rand two weeks ago, but its origin remains a mystery.

The Transvaal Provincial Administration said yesterday that there had been a decrease in the number of typhoid cases reported. About 200 patients were still in hospital.

With four confirmed cases of typhoid in the Delmas town area, it appeared the fever was prevalent in both Delmas and Botleng, the statement said.

Eight deaths apparently linked to the disease have been recorded. There are 159 patients still being treated in a field hospital in the area; 46 in Pholosoeng, 32 on the far East Rand, 13 in Rietfontein, six in Bernice Saneul, two in Nigel and two in Johannesburg. — Saps
SA’s typhoid scourge

The first thing to understand about the typhoid outbreak in the Delmas district last week is that it was neither unexpected nor isolated. Typhoid is endemic in many parts of South Africa.

Yet Delmas has been particularly severe, with the full consequences not yet known. So far, more than 900 people have been treated for the disease, with 113 of them in hospital, although fewer than 100 of these cases have so far been confirmed as typhoid. Six people have died, two from confirmed typhoid.

Undoubtedly, these confirmations will increase as the results of the long and complicated tests become available.

What is not so widely known is that, in the first nine months of this year, nearly 1,200 cases of typhoid were notified countrywide, and nine people died. New cases are reported all the time, particularly from the hot northern and eastern Transvaal and humid Natal.

To view these figures in perspective, it must be pointed out that the question of the under-reporting of notifiable diseases, especially from rural areas, remains a major problem.

According to health experts, the under-reporting of tuberculosis, for example, could be having the effect of hiding as many cases as are notified. So with typhoid.

What is this feared and, if untreated, very serious illness?

It’s a bacterial disease that results in fever, weakness and, in severe cases, death. It’s caused by a bacterium called Salmonella typhi, and is contracted via the faecal/oral route, in other words, by ingesting food or water contaminated with human excrement.

Typhoid is a systemic disease, which means that the S. typhi infection is capable of passing beyond the bowel to infect other organs as well. The good news is that it’s treatable, if caught sufficiently early, with antibiotics.

These days, it’s one of the diseases of inadequate sanitation and dirty water. The racial divide between South Africa’s First and Third World components is clearly indicated by looking at the typhoid statistics.

In 1970, the notification rates per 100,000 of population ranged from 1.6 for whites, 5 for Indians, 11.3 for coloureds, and 26.6 for blacks.

By 1990, these figures had improved to 0.4 for whites, 1.1 for Indians, 0.5 for coloureds, and 7.3 for blacks. Even so, the threat of further outbreaks, especially in the informal settlements burgeoning on the perimeters of every town and city in the country, is high and increasing.

Development, coupled with good primary care and health education, is obviously the answer. Development in this context means, most importantly, the provision of sanitation and clean water.

But how close are we to providing all South Africans with these basic tools to good health? Major research in 1991 — Water and Sanitation 2000 — gives an indication.

In the urban and metropolitan areas, 62 percent of 22 million people of all races have waterborne sewerage systems, and a further 6 percent have buckets or ventilated pit latrines. The remaining 33 percent (that’s 7.3 million people) make do with what the research calls “minimal facilities”. With regard to water, 18 percent of urban dwellers make use of rivers, tanks and other unreliable sources.

In the rural areas, the situation is even worse. Only 33 percent of 16 million people have a safe water supply, and a mere 14 percent have access to adequate sanitation.

More recent research emanating from the Medical Research Council has estimated that to provide basic facilities to these many millions of have-nots will cost between R15 billion and R20 billion. That’s an amount to make the eyes of budget planners water. But it will have to be spent.

The consequences of not doing so, especially as South Africa’s urbanisation process gets into top gear, will make Delmas look like child’s play.
Water may have been source of typhoid

Contaminated water could have been the source of the typhoid outbreak in Delina on the far East Rand which has claimed 11 lives in about two weeks.

"There is a possibility the water was infected at one stage. Samples of the water, however, tested negative for salmonella typhi and it cannot be determined beyond doubt how, where and when the infection took place," the Department of National Health said yesterday.

The water was currently safe and was being monitored continuously, the department said.

A six-month-old baby is among the three most recent victims. A 43-year-old man and a 78-year-old woman had also died recently, the Transvaal Provincial Administration said.

A total of 282 people were being treated for typhoid, 125 of them at a field hospital and 97 in provincial hospitals.

The TPA said it was taking special measures to prevent the disease's spread. — Sapa.
Typhoid crisis eases

PRETORIA. — The number of patients being treated for typhoid fever has decreased drastically and the disease is under control, the Department of National Health said. The number of patients in provincial hospitals dropped from 95 on Thursday to 65 yesterday, and from 135 to 55 in the field hospital established to deal with the outbreak at Botleng, Delmas, on the far East Rand two weeks ago. There have been 11 deaths. — Sapa.
Typhoid is under control

PRETORIA. — The number of patients being treated for typhoid fever has decreased drastically and the disease is under control, the Department of National Health said yesterday.

It said the number of patients in provincial hospitals dropped from 95 on Thursday to 89 yesterday, and from 133 to 59 in the field hospital established to deal with the outbreak at Botleng, Delmas, on the far East Rand two weeks ago.

There have been 11 deaths apparently linked to typhoid. — Sapa
Typhoid case traced to Durban camp

The Argus Correspondent

A confirmed case of typhoid has been traced to a Durban squatter camp and the city health department has begun a huge health education programme in the area.

The camp is at Palmiet Road, Clare Estate.

But Dr Himsha Naidoo, a spokesman for the city health department, said yesterday the 12-year-old patient might have contracted the disease while visiting a rural area.

The child was diagnose as having typhoid when she was taken to the Addington Hospital last week. The hospital in turn notified the health department.

Dr Naidoo said the child was recovering at Clairwood Hospital.

Dr Naidoo said residents from the squatter camp obtained water from a tap.
Typhoid cases on the increase

TEMBA, Bophuthatswana. — There has been an increase in the number of typhoid patients admitted to a Bophuthatswana hospital, the acting superintendent confirmed yesterday.

Dr. Lumamdu Mbuyiamba of the Jubilee Hospital at Temba, near Hammanskraal, said about 10 patients had been admitted since November 20. — Sapa
HEALTH AND DISEASE - MISCELL. DISEASE

1994 - 1997
Warning is sounded on threat from mosquito bites.

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SUNY AIRPRESSE TIONS

mosquitoes
Scientists claim four out of 10 will die before they turn 60.
Hepatitis B a growing threat in SA

In South Africa, infants, the under-fives in rural areas, and young, sexually active urban dwellers are most at risk of contracting hepatitis B.

Free routine hepatitis B immunisation for infants was introduced in April 1995. Now, private companies such as The Vaccine Bureau are offering mass hepatitis B immunisation at schools, tertiary institutions and local businesses.

Here are some facts to consider when deciding whether to take up that offer:

- Hepatitis B is a potentially serious viral infection that causes inflammation of the liver. Its symptoms can be severe or non-existent. Most people remain asymptomatic, while others develop chronic, or acute, hepatitis, which can debilitate for up to five weeks. Persistent infections are associated with fatal cancer and cirrhosis of the liver. An estimated 1.5 million people in South Africa carry hepatitis B in their blood, and can infect others if they are prevalent throughout the country.

The aim of mass immunisation is to reduce the carrier pool in the country.

- The hepatitis B virus is likelier and more infectious than the HIV virus. It is usually contracted in early childhood or young adulthood. The aged, and children between 5 and 13, are a lowered risk.

The risk for the average schoolchild is between 10 and 12, just before they enter puberty. Dr Rudi Eggers questions whether it is appropriate to immunise a child between five and ten. Prof Barry Schoub says the effects of the vaccine are probably lifelong, so an earlier vaccine would make no significant difference.

- Both forms of the vaccine - plasma-derived and synthetic - have been proved to be equally safe and effective. The vaccines are offered in three doses, over three months. The effects are lifelong. Side effects are relatively rare, though the plasma-derived vaccine is cheaper than the synthetic. The recommended retail price for the plasma-based Hepatitis B is R26.65 per single dose for an under-five year old and R42.75 per adult dose. The synthetic Eggers-B is R37.99 per dose for a child and R53.51 per adult dose.
Journal urges drug therapy

By Mokgadi Pepe

SOUTH Africa should encourage compliance with drug therapy if it is to win the war against tuberculosis, according to the latest issue of the South African Medical Journal.

In its opinion following results of a study conducted at Hlabisa Hospital in KwaZulu-Natal, SAMJ said compliance with treatment “will lead to a sustained reduction in case rates. This is the basic strategy advocated by the World Health Organization and the International Union against Tuberculosis and Lung Disease.”

Of even greater concern is the link between TB and HIV. At hlabisa Hospital, a typical district institution, 35 percent of adults diagnosed with TB in mid-1993 were HIV-positive. Research has shown that the TB case load at the hospital has increased dramatically in recent years.

“While some of this increase reflects a higher general workload from improved staffing, referral from neighbouring districts and the impact of a more user-friendly service, the impact of HIV infection and the worsening poverty in the area probably account for the rest. It is clearly difficult for any service to cope with a 300 percent increase in workload at a time of major political and health service transition and no increase in resources,” the SAMJ said.

The journal said failure to control TB in South Africa largely reflected the apartheid legacy of poverty, discrimination and fragmentation of health services.

As a solution, SAMJ advocated a strong central management and technical expertise in TB at national and provincial levels.
Western Cape beauty pageant will aid Africa's worst TB region

Western Cape women are gearing up for a beauty pageant with a difference, which will target public awareness of tuberculosis and raise funds for sufferers.

The region is believed to have the highest incidence of TB in Africa.

Finalists in the event next month, sponsored by the South African National Tuberculosis Association (SANTA), will learn about the disease, its causes, prevention and cure.

Besides having the opportunity to educate their communities, they will be eligible for prizes and become automatic semi-finalists in the Miss South Africa competition.

Ignorance about TB is appalling, even though it is the commonest infectious disease in South Africa, Santa officials say.

The Western Cape had 25,530 of the 80,000 or so cases reported last year, according to the Department of Health.

All funds raised in the competition will help communities where TB levels are worst. SANTA will distribute food parcels to victims, sponsor nutrition programmes, education and support initiatives, and distribute seedlings so sufferers can grow vegetables.

Pageant organisers also hope to dispel misconceptions people may have about the disease. TB has always been associated with poorer communities, says Natalie Benard, co-ordinator of the event and a runner-up in last year's Miss South Africa pageant. But anyone can get it, she says.

Women must enter the competition before February 23. The semi-finals will be on March 2, and the finals on March 29 in Stellenbosch.

For more information, contact Ms Benard at (021) 931 9174.

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Expo opens window on schools

SCHOOLS Expo '96 will afford schools the opportunity to market themselves and their services to the public for the first time.

This new exhibition on the South African calendar will run alongside the International Convention Centre in Johannesburg next month.

Schools Expo '96 has already attracted more than 50 exhibitors, including leading state and private schools in the Western Cape.

In addition, a number of these...
W strain is drug-resistant

Tuberculosis - a new treat

A new drug targeting the bacteria that causes tuberculosis has been approved for use in many parts of the world.
South Africans obese

More than 40% of

Chronic diseases related to lifestyle

No concern over

Slum in water

The Medical Research Council says SA is undergoing a

sexual revolution which is influencing

The ADP, a new party which will

NE

APRIL 12, 1995

WEDNESDAY
Malaria: ‘Don’t be complacent’

MELANIE GOSLING

THREE people have died of malaria in the Eastern Transvaal town of Nelspruit since the beginning of the year and doctors have warned the public not to be complacent when travelling north.

Nelspruit pathologist Dr Adrian Brink said yesterday a chloroquine-resistant strain of malaria had moved into parts of the Lowveld — including the Kruger National Park — over a year ago, and was also found in northern kwazulu/Natal, near the Mozambique border.

"People are very blasé about malaria — many don’t take any drugs or they take the wrong drugs or, most commonly, they don’t finish the course of drugs and stop taking them when they get home," Dr Brink said.

The most recent death in Nelspruit was a local man who died four weeks ago. He had only sought medical attention when in an advanced stage of malaria.

"The problem is not the malaria so much, but that people don’t get to the doctor soon enough," Dr Brink said.

People visiting malaria areas should take a combination of a chloroquine-based drug (Daramal, Nivaquine or Mefloquine) as well as Paludrine. The combination of drugs was necessary because of the chloroquine-resistance strain of malaria.

He said a new anti-malarial drug, Larium, was the most effective against the chloroquine-resistant strain of malaria. However, this was expensive and could have unpleasant side effects.

Symptoms

"The most common symptoms are like very severe flu — muscular aches and pains, fever and a severe headache," Dr Brink said.

The warden of the Kruger National Park, Mr Harold Braack, confirmed that chloroquine-resistant cases of malaria had occurred in the park. "It’s certainly not a new, deadly strain," he said.
Hepatitis B vaccine for SA’s immunisation plan

KATHRYN STRACHAN

MEDICAL experts have warned against the dangers of the hepatitis B virus which infects about 5% of SA’s black community.

Dr Bae Lombard of the National Health Department said last week there was little public awareness of the potentially lethal virus, but the new government would take measures to eradicate the disease.

A vaccine was now available against the highly contagious virus, and it was hoped that by next year the vaccine would be included in the immunisation programme for children.

In the meantime, however, health practitioners were trying to get the message out that those who could afford the vaccine should get it.

Prof Ralph Kirsh of the Medical Research Council said the disease, which affected about 5 million people in SA, would not decrease until an effective vaccination programme was in place. Poor living conditions, overcrowding and lack of sanitation contributed to the problem, he said.

Almost half those who became infected when young became chronic carriers and eventually died of liver cancer or cirrhosis. While adults displayed more severe symptoms and became more ill when they contracted the virus, most recovered and became immune. About 5% went on to become chronic carriers.
Measles kills 600 kids yearly

By Mokgadi Pela

MORE than 600 children die from measles yearly in South Africa due to deficiency of vitamin A.

According to Dr. Greg Hussey, of the Department of Paediatrics and Child Health at the University of Cape Town, a national study set up by the Medical Research Council and the Health Ministry is needed to address the problem.

"Studies have shown that vitamin A reduces childhood deaths by 30 percent," Hussey said.

He adds that the World Health Organisation has recommended that all children with measles should be given vitamin A.

Hussey says measles is a preventable disease which can be stifled by immunising children at nine months.

Food with vitamin A includes margarine, vegetables and liver.

Vitamin A deficiency results in pneumonia, diarrhoea, malnutrition and mouth ulcers.
Malaria on the increase; major project to map it — then fight it

LIBBY PEACOCK, Staff Reporter

In South Africa 10 000 malaria cases were reported last year, mainly in Northern KwaZulu/Natal and Northern and Eastern Transvaal — compared to an annual average of 7 500 cases in the late 1980s and early 1990s.

And before that an average of 2 900 cases a year were documented.

Now the Medical Research Council is undertaking a major research project to geographically chart the incidence of malaria throughout the country in an effort to combat the disease.

The project — which involves collaboration with local, as well as Zimbabwean and Mozambique health authorities — has been prompted by the higher incidence of the disease.

The growing number of cases is due mainly to the emergence of new strains of malaria parasite increasingly resistant to traditional anti-malaria drugs.

Brian Sharp of the MRC’s National Malaria Research programme in Durban said more than 300 million people globally were at risk of contracting malaria, with more than 80 percent of infections occurring in sub-Saharan Africa.

The resistance of the parasite was aggravated by the migration of people from affected areas to those previously free of malaria, as communities moved in search of work to claim land or escape war and famine.

“Mapping the geographic occurrence of the disease and where specific preventive measures prove most effective will ensure a better targeted and more cost-effective control of the disease in the Southern African region,” Dr Sharp said.

“By identifying where the parasite is distributed and the incidence of the disease, appropriate treatment and prophylactic advice can be dispensed.

“This will not only benefit communities at risk but also help business and leisure travellers within Southern Africa to decide on the best anti-malarial course of action to take.”
Afrocent-diseases hitting urban blacks
Immunisation - best defence against measles

Measles is an acute childhood infectious disease. It is estimated that approximately 12 million children die in developing countries due to measles each year. About three-quarters of measles deaths are caused by pneumonia, which follows on the weakening of the immune system by the measles virus. Measles is probably South Africa’s most important preventable cause of illness and death for children under five years old. By the year 2000/94, 100% of the population should have been immunised.

Measles is transmitted when an infected person coughs or sneezes and the sneeze droplets fly into the air. The virus enters the body through the mouth, nose or eyes. Immunisation is the only way to protect against this disease. The cost of immunisation is negligible compared to the cost of treating measles.

Symptoms of measles

- High fever
- Red, itchy rash
- Runny nose
- Red, watery eyes
- Cough
- Earache
- Muscle pain
- Headache

It is important to get treated as early as possible to prevent the disease from becoming severe. Seek medical attention if symptoms persist.

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It is important to get treated as early as possible to prevent the disease from becoming severe. Seek medical attention if symptoms persist.
Measles a child killer

By Mokgadi Pola

MORE than 600 children die from measles every year in South Africa due to a deficiency in Vitamin A. (84)

Addressing the media in Midrand this week, Dr Greg Hussey of the Department of Paediatrics and Child Health at the University of Cape Town said a national study set up by the Medical Research Council and the department of health was needed to address the problem.

Vitamin A deficiency results in pneumonia, diarrhoea, malnutrition, mouth ulcers, blindness and lung disease.
Dysentery outbreak kills 10 in E Cape

QUEENSTOWN: Workers in the Eastern Cape department of health and welfare have been sent to Mount Fletcher and Flagstaff to help contain a dysentery epidemic in which 10 people have died.

The department's deputy permanent secretary Ms Siphiwo Stamper said the epidemic was reported on November 15.

In November last year a similar outbreak was reported, and contaminated water was found to be the cause.

Ms Stamper called on people to boil water before drinking it, and to ensure food was covered between meals.

Dysentery is an infection of the intestine which causes profuse diarrhoea with blood and mucus.

Other symptoms are vomiting, high temperature, stomach cramps and dehydration. — Sapa
SA faces diseases of affluence and poverty

Cape Town — South Africa's poorer neighbours have far more accessible health facilities than South Africa itself, says Health Minister Dr Nkosazana Dlamini-Zuma.

This country, with its combination of poverty and opulence side-by-side, had more serious health problems than most other Commonwealth countries.

Dlamini-Zuma was speaking at a press conference at the Commonwealth Health Ministers meeting in Somerset West. She said South Africa was faced with both diseases of affluence and poverty, and solutions to these would have to include both rich and poor sections of society.

Dlamini-Zuma has been elected chairperson of the conference, which has as its theme "Women and Health".

Delegates from more than 30 countries will discuss the role of women in health, and will also formulate practical steps to be taken by the Commonwealth in the health field and hopefully recommend how it can facilitate these, said Dlamini-Zuma. — Health Reporter.
Dysentery strikes Transkei village and kills 10

At least 10 people have died and scores more have fallen seriously ill in an outbreak of dysentery in a remote Transkeian village, an Eastern Cape health official said yesterday.

"The information we have received is that 10 people died over the weekend and on Monday.

'The outbreak is in an entire village," said Eastern Cape deputy permanent secretary of health Dr Siphiwo Stamper.

"This is a serious infection. We have already sent our environmental teams over there - the thing is to prevent a further spread of the condition, treat people and educate the people on how to prevent deaths.

"We are sending tanks with water to the area to stop people from using their own water sources until those have been checked by us," Stamper added.

He said dysentery deaths were avoided if patients made up for fluid loss by drinking plenty of fresh water.

Stamper said the outbreak was first reported to his office on November 15, and scores of villagers had since been taken to Flagstaff and Mount Fletcher for treatment.

But he said total patient numbers were unclear, as the poor communications in the area delayed the information reaching him.

'This is exactly the same area where it happened last year and then the water they were using was contaminated with human faeces. This year, we believe it is the same reason.

'It's typical where you have poor sanitary conditions in remote areas," Stamper said, adding that his department hoped to prevent the infection from recurring with improved environmental and health education in villages scattered across the province. - Reuters.
PEOPLE'S LIVES  Tragedy of under-development

Thousands die from this disease

By Russel Molefe

NOMA, a little known disease in Africa and Asia, is killing thousands of children each year, according to the World Health Organisation.

Hundreds of survivors become handicapped and disfigured for life. The deaths and untold suffering caused by noma are mostly avoidable, say WHO officials who are concerned about the dreaded disease.

Noma, which has also been recorded in South Africa but not given much attention, is an oral disease which begins with ulcers of the gums, a condition that takes a wide variety of forms.

If not treated, it can progress towards noma through "transmission to the soft tissues in contact with periodontal lesions".

At this very painful stage, the cheeks or lips begin to swell, oedema appears and the patient's general condition deteriorates. In a few days the swelling becomes enormous.

The gangrenous process sets in and after the scab falls off, leaves a gaping hole in the face.

Mortality rate

If the patients do not get treatment on time, the mortality rate is 80 percent, says the WHO. But if the condition is detected early, it can be prevented from progressing by simple disinfection procedures and by administering common antibiotics.

"Noma today is yet another tragedy of poverty and under-development. Does that mean we must wait until the socio-economic conditions of the countries concerned improve?" asks Dr Hiroshi Nakajima, secretary-general of WHO. With oral diseases on the increase, their treatment costs spiralling and most of them rapidly becoming fatal, the WHO has devoted World Health Day on April 7 to oral health.

Devoting the day to oral health whose theme would be Oral Health For a Healthy Life, Nakajima says the WHO is endeavouring to mobilise member states, the health professions and the general public so that more attention can be paid to this important aspect of public health.

Nakajima says the situation is deteriorating in many developing countries where oral diseases are on the increase and treatment costs spiralling.

"Yet oral diseases are not an inevitable corollary of development. We have the means to prevent this health and economic disaster."

"In particular, care for the elderly should be strengthened to prevent the oral health problems linked with age. At the same time, prevention among children and adolescents must continue," Nakajima says.

In South Africa, more than 90 percent of adults suffer from dental caries (damage caused by tooth decay) and 93,5 percent from periodontal diseases (diseases of the gums).

SEVERE PAIN

Survivors disfigured for life:

Survey

Department of National Health and Population Development spokesman Ms Tienie Holtzhauzen told Sowetan that a survey conducted recently involving 16 000 people recorded only one case of noma in Namibia.

Holtzhauzen says not a single case of noma has been recorded in South Africa. She says experts have indicated that noma is rife in West African countries.

However, it is believed that the disease could have already started to have effects in South Africa, especially in rural areas, where drought threatened the survival of mankind in the past two years.

The Aids epidemic has also resulted in many patients suffering from oral fungal infections, destructive ulcers and untreatable cancers. Most do not even receive simple palliative care.

Sowetan has also established that only people living in major cities get reasonable treatment for oral problems. Most rural and many poor urban communities have almost no access to even basic emergency care and relief of pain.

For many, especially in rural areas, dentistry is still "pain and pay".

Then WHO has drafted a programme focusing on six areas which it is hoped will eradicate the ever increasing oral diseases described as "health and economic disaster".

The six areas are:

- Ensuring that essential preventive activities are maintained so that gains already made were not thrown away;
- Demonstration of the new techniques for basic health promoting and economically feasible oral treatment to the public;
- Preparation of learning materials such as posters, videos and computer-assisted learning packages;
- Preparation of well designed technology for the new care — basic materials, instruments and drugs;
- Building a support network to assist communities to care for and repair children maimed by destructive diseases like noma; at the same time carrying a campaign based on improved nutrition and basic child care to prevent such illnesses; and
- Bringing about a radical change in education of oral health care professionals.
Heart disease ‘new threat to SA blacks’

Weekend Argus Reporter

UPWARDLY mobile South African blacks are at great risk of developing coronary heart disease.

This is the opinion of national chairman of the Kenyan Medical Association William Lore, who yesterday addressed cardiovascular researchers at the Medical Research Council.

Professor Lore said that as black people gained independence and moved into higher social strata, they became more sedentary, had more stress and ate more salt and fats.

He said high blood pressure and coronary heart disease were almost non-existent among black people in Kenya at the turn of the century, but after independence health workers noticed a sudden emergence of both.

“Rural-urban migration and Westernisation have some relationship with the development of high blood pressure, diabetes, smoking and obesity,” Professor Lore said.

“All of these can lead to coronary heart disease.”
Battling malaria in the Chiredzi sugar fields

T

he notices by the roadside on the approach to Chiredzi are unequivocal. You are in malaria country and malaria kills.

Last month more than a dozen people were reported to have died at Mhoro in Matabeleland's Midlands province, and hundreds succumbed to the disease nationwide each year.

But the work being done at Chiredzi helps to refine the national control effort — for bilharzia as well as malaria.

What has made Chiredzi such a good research area?

Sweltering

Listen to Moses Chimbari, officer in charge of the Ministry of Health's De Beers Research Laboratory in this sweltering southern town.

"This place used to be called a wasteland," he says.

"Nothing grew here, and neither malaria nor bilharzia were much in evidence.

"There simply wasn't enough water, and rainfall was low. Then in the mid-1960s sugar cane arrived, and with it came irrigation."

But a healthy ministry saw the dangers immediately. Spurred by knowledge of the water-related health problems caused by the irrigation schemes served by the Aswan Dam in Egypt, the ministry insisted that careful control and monitoring be introduced by the sugar-cane companies from the start.

The result was the erection of the De Beers Research Lab in Chiredzi which, by 1966, had been handed over to the ministry and attached to the famous Blair Research Institute of Harare.

The process of sugar-cane irrigation, via concrete canals to holding dams, and from there to the plantations where excess water often stands for some time, has created ideal conditions for the proliferation of the malaria vector, and the snails responsible for the spread of bilharzia.

Measure taken by the sugar estates themselves (motivated by the desirability of maintaining a healthy workforce), and careful monitoring by the ministry of health, have ensured that both diseases are controlled.

Only about 10 percent of the local population, for example, are these days affected by bilharzia; and a system of ensuring prophylaxis consumption among sugar workers and their families, and education programmes, keep malaria at bay.

Irrigation

"But of course the conditions created by extensive irrigation make Chiredzi an ideal place for research," Chimbari explains.

"We're working in the estate villages themselves, and also in those communities in the surrounding communal land."

Research is currently going into the effectiveness of new insecticides (for the spraying of the inside of huts) and new larvicides (for the treatment of standing water), while the nature of the relationship between malaria and AIDS is also under the microscope.

Chimbari's own special interest is in the biological control of bilharzia. After taking an initial biological sciences degree in Lesotho, Chimbari is now registered with Copenhagen University for a doctorate on the possibility of using fish to control the bilharzia snail.

"I'm looking at two species which I've brought down from Kariba," he says, "one of which I think will eat the snails directly, the other which prefers the weeds off which the bilharzia snail feeds."

He already has a few of the latter species in a pond in the grounds of the De Beers Laboratory. He tosses on to the surface a few blades of grass and we watch as the fish cause some turbulence in their haste to devour it.

I ask if this is original research.

"Is any research ever original?" he replies. "Everything is built on a foundation laid on the work of others. In my own literature search, I have come across useful contributions from several parts of the world, including South Africa."
Co-operation between departments vital

One of the most important lessons to be learnt from the introduction of major irrigation schemes in the Chiredzi area of Zimbabwe is the need for full and formal co-operation between various involved departments.

Moses Chimbari, head of the De Beers Research Laboratory in Chiredzi, cites the example of the Gezira irrigation scheme in the Sudan, designed to stimulate cotton farming, but which has caused frequent malaria epidemics resulting in serious loss of production, and which has also pushed the incidence of bilharzia to above 70 percent.

Chimbari's recommendations include:

- Specific consideration of all health implications should be a compulsory addendum to water project proposals.
- All environmental health workers should be made aware of water development-linked diseases.
- The dialogue between departments should be facilitated by a special co-ordination body.
- Special provisions must be made to oversee the health implications of private water schemes.
- All the costs of measures against water-related diseases must be included in all major water projects.
- An awareness campaign should be launched to ensure that the proposed health impact assessments for all water projects are not seen simply as increased red tape.

TOMORROW

A fall on the head led Thomas Kgope in an abrupt direction.

Zimbabwe is benefiting from a research programme designed to help combat the spread of malaria and bilharzia.

ROBBINS DAVID

reports from Chiredzi.
No visitors for the leper whose home is hospital

By CAS ST LEGER

FOR 52 years, the serenity of a turn-of-the-century hospital has been the only home that “Groen”, a leper, has known.

The 77-year-old patient has not had a single visitor since he was admitted to Westfort hospital outside Pretoria in 1942.

He lost both his legs in 1959 after they went septic, and leprosy has left him with damaged facial muscles.

Before he was confined to his wheelchair, he kept himself busy by working in the hospital gardens. Then he was made “foreman” of the patients.

Groen regards the hospital as his home — he has no children, and has nowhere else to go.

Another leper, Sarah, has been a patient for 65 of her 86 years. She was cured of her leprosy many years ago, but, like Groen, she has no other home.

When Sarah arrived at Westfort hospital from Bethlehem in 1938, she was a plump, pretty 14-year-old who had lost the feeling in her hands and feet.

“I was sent here by the government," she said.

Now, she spends her days dozing, her fingers reduced to stumps by the disease.

She does know, though, from radio and the hospital TV, that an election is coming up. “I want to vote," she says.

She has no family and is vague about her age. "I can’t remember," she smiles.

A proud nursing sister retrieves her original file, complete with Sarah’s yellowed admission photograph.

When Sarah and Groen were admitted, Westfort was a busy leprosy hospital with more than 1,000 patients.

Such is South Africa’s success in treating the disease that there are now just 40 patients, with numbers dropping every year. There were 68 admissions in 1990, compared with hundreds in the 1960s.

Former leprosy wards have been filled with an overflow of about 400 mental patients from Weskoppies hospital.

As a testament to the former population of Westfort, four little churches stand empty on overgrown land. Several of the hospital buildings are in ruins to be declared historic monuments.

Many of the original Westfort patients came from the old leper colony on Robben Island. In the days when the disease was thought to be highly infectious.

That is one of the many misconceptions about this ancient disease. “Unlike TB, leprosy has a very low rate of infectivity," said Dr Louis Shilman, Westfort’s acting superintendent.

In 30 years, not one nurse has contracted leprosy.

The other misconception is that leprosy causes fingers and toes to drop off.

Dr Marie Beyers, medical officer in charge of leprosy at Westfort, points to the stumps of 41-year-old Aggie’s fingers.

"Look. She still has her fingernails," she said.

Dr Beyers explained that rather than Aggie’s fingers dropping off, micro-fractures of her bones had caused them to become shorter.

Unlike the older patients, Aggie, of Rustenburg, is able to live a more normal life. She has a husband, who is a mine transport officer, and three children.

She pays nothing for her treatment, and goes home “on holiday.”

Leprosy is a disease of the nerves. Like tuberculosis, it is caused by bacteria. Unlike TB, the patient does not feel ill.

Today, with intense multi-drug therapy for six weeks, plus treatment and monitoring for at least two years, a 100 percent cure rate is possible, even in severe cases, Dr Beyers said.
Patients plead at hospital hit by strike

Mediators in bid to end crisis

The Argus Correspondent  
DURBAN. — Hospital authorities at Durban’s King Edward VIII Hospital were this morning awaiting the arrival of two senior health officials to act as mediators in a bid to end the four-day strike by nurses and cleaners.

Patients at the hospital this morning petitioned a superintendent, pleading for medical treatment as soon as possible.

Many of the outpatients who joined the petition had appointments at the clinics run at the hospital.

But senior medical superintendent Ahmed Badat said management was unable to accede to the patients’ request until those on strike returned to work.

KwaZulu-Natal’s designated Minister of Health, Zweli Mkhize, and former KwaZulu health chief Darryl Hackland have been asked to negotiate between the hospital management and members of the Workers’ Forum.

Most nurses, general assistants and cleaners began the strike on Friday to protest against the dismissal of four nurses from the hospital’s residence.

The nurses were alleged to have assaulted another nurse. Charges had been laid against the nurses, hospital sources said.

The Workers’ Forum claimed the nurses were dismissed unfairly, but had not yet put their claims formally to the management, said chief superintendent Lal Dwarka-Kersad.

“We would like to hear from them as soon as possible — otherwise it will be impossible to resolve the strike,” he said.

Dr Badat said the strike had left the hospital “chaotic” since Friday.

“The entire hospital has been hit. Conditions have worsened as we are now entering a fourth day without essential services.

“Patient care is being compromised.”

Some nurses had continued to work in “high-care” areas like the labour wards and intensive care units.

“General wards have been completely abandoned,” he said.

About 200 patients had been transferred to other Durban hospitals.

Meals were being served — and general cleaning was being done — by volunteers.

Doctors were helping with feeding and providing medication, said Dr Badat.
JOHANNESBURG. — Private hospital group Clinic Holdings (Clinics) increased its attributable profit 15.6% to R19.1m (R16.6m) for the six months to March, and announced the acquisition of two hospitals from its controlling shareholders.

Directors said the group, whose hospitals include the Park Lane, Milpark, Garden City and Rosebank, operated in a period fraught with uncertainty and a difficult trading environment.

The group was able to lift turnover 21.1% to R324.3m (R267.7m) and operating profit 18.5% to R22.4m (R19.2m), despite modest tariff increases and amendments to the Medical Schemes Act.

Changes in the structure of finance charges — with no more rent paid and higher interest — reflected the effects of the completion of the merger of the property interests and hospital trading operations.

Fully diluted earnings were 12.6% up at 16.8c (16.7c) a share. But the dividend was maintained at 6.5c in line with the intention of achieving a three times cover.

A director said the important feature of the reporting period was the acquisition of the entire shareholding of the Krugersdorp Hospital and an effective 89.2% interest in Greenacres Hospital in Port Elizabeth from the controlling shareholders of Clinics. Clinics also gets complete ownership of the properties.

The total consideration was R21.9m, of which R14.7m was payable in cash with the balance payable on December 1, 1995.

The controlling shareholders — the Hurwitz family and directors — have been buying or developing hospitals, but not bringing them into the listed group until they offer a good return. This ensures there is no roller-coaster effect on earnings.

This is part of Clinics' stated policy of acquiring additional hospitals once they are fully established to generate suitable profits. The director said that, since its 1987 listing, it had been Clinics' intention to acquire the controlling shareholders' interest in seven hospitals. The acquisitions represented the first two in this process.

Directors said the new dispensation should stabilise business conditions. The private healthcare industry would "participate meaningfully in the expected new socioeconomic initiatives".
Workers toyi-toyi in support of colleague

Staff Reporter

ABOUT 150 Lentegeur Hospital staff yesterday stopped work and toyi-toyiied outside the hospital's administration block for about two hours in support of a colleague they claim was transferred without warning.

"We've had enough," workers said, expressing general unhappiness with victimisation, poor management and understaffing. One nurse said they were expected to staff a ward on their own at night "with 30 psychotics".

National Education, Health and Allied Workers Union (Nehawa) shop steward Mr Wayne Weitz said the work stoppage between 10am and noon was not a strike action but rather a supportive gesture to "make management" heed their demands.

Senior staffer Mrs Lana Maart had returned from maternity leave on May 2 to be told she would have to report for duty at the outpatients section. According to a Nehawa and CPA recognition agreement she should have been given a 10-day warning before being transferred, Mr Weitz said.

The union discussed the issue with hospital management, but on May 30 Mrs Maart was told if she did not report for duty at outpatients by June 1, disciplinary action would be taken against her.

Lentegeur medical superintendent Dr J P Möller said negotiations with the union would continue. Only a small percentage of the hospital's workers were dissatisfied with the working conditions, he said.
HUMAN RIGHTS: About 50 childcare workers protest low wages. Photo Yvonne Nkrumah

By Emily Bowen

Child care workers at a place called "Danger Place" protest R6 pay conditions.

"I am a victim of this," one worker said. "My conditions are not acceptable."

Child care workers face ongoing challenges in their jobs, according to the Union of Education and Cultural Workers. The Department of Education has not provided adequate training or support to these workers, leading to ongoing disputes with the government.

The workers are demanding better conditions, including improved pay and better training. They have been on strike for several weeks, and the situation continues to escalate.

"We are tired of working under these conditions," one worker said. "We demand fair treatment and respect for our work."
Health authorities probe baby deaths

Cold homes blamed for pneumonia toll in Delft

DAVID YUTAR and JOHN VIJJOEN
Staff Reporters

HEALTH authorities are investigating claims that six Delft babies who died in the past two weeks of pneumonia became ill because they lived in cold houses provided by the Cape provincial administration.

Meanwhile, a Delft mother has described the horror of discovering her baby daughter dead after a cold Cape Flats winter's night.

Over the past week between 50 and 60 Delft residents have occupied the offices of the provincial administration demanding an investigation of the deaths in the past two weeks of six infants aged between one and two months.

Cape Housing Minister Gerald Morkel met the residents' representatives to discuss the babies' deaths.

A spokesman for the Department of Housing said the department was trying to verify the residents' allegations and until it was able to do so it was impossible to make a statement.

He said the oldest houses in the area were no more than five years and this was the first time such complaints had been made.

The houses were erected in full compliance with the regulations of the Building Federation of South Africa and they also complied with the minimum local authority requirements, he said.

It was impossible for the department to respond to the allegations until doctors' medical reports were furnished, but these were proving difficult to obtain because at this stage the identity of the affected families had not been made known.

Chief director of health services for the Cape Regional Services Council Stewart Fisher said health inspectors were investigating the allegations.

Belinda Engeland, who lives in a part of Delft known as Eindho-ven, found her two-month old daughter Charlene Emmerelda dead on the morning of June 5.

Charlene had appeared healthy and content the previous day and when she tended to her in the night, Mrs Engeland said.

But when she saw Charlene in the morning, she screamed and told her husband: "My child does not look right." The toddler was lying lifeless, her face at an odd angle, Mrs Engeland recalled.

The cause of death was pneumonia.

Welcoming an Argus team into the home, which costs R221 a month to rent, Mrs Engeland said she and her husband had moved there because the alternative was a 16-year waiting list. "That's what the housing people told us."

But the Cape winters are bitter for this and other Delft families.

Part of her house was flooded after heavy downpours, Mrs Engeland said.

She also complained that the house's inner walls were flimsy and gradually falling down.

A major gripe is that her home has no ceiling — whatever warmth is generated within the house escapes into the night air.

The R18 388 asking price for the house was "a lot of money" if you still had to put in a ceiling, said Mrs Engeland.

Delft resident Richard van der Byl condemned the houses as "fridges."

He was sceptical about their survival in the sandy Delft terrain.

"These houses are not going to stand here long. This is not the right place to build houses," he said.
Keeping cholera at bay

THE Disaster Committee, chaired by regional health minister Mr Ebrahim Rasool is taking precautionary measures in flood-ravaged areas to prevent outbreaks of the killer diseases cholera and polio.

Health co-ordinator of the committee, Dr Norman Kahlberg, said although there were no problems with the diseases at present, the health services were taking steps to ensure there was no epidemic.

"In the squatter areas a lot of people didn't come for regular immunisation. The health department is to have these people immunised," he said. 817 - 12/1/94

He said the diseases flourished where there were problems of dirty drinking water and pools of sewerage.

"The damp and wet will obviously affect any respiratory problems people have. The day hospitals have reported an influx of people with chest infections but there's been no swamping of services."

"At present the health services are functioning well. There is a shortage of doctors at some treatment centres but this is being addressed right now," said Kahlberg. BY SHANNON NEILL
Paraffin is main cause of poisoning

Cape Town — The drinking of paraffin is the biggest cause of poisoning among children in South Africa, according to the South African Medical Journal.

A report in the latest issue says the finding is a result of research by Medunsa at the Ga-Rankuwa Hospital in the Northern Transvaal and by the National Trauma Research Programme in the Cape Peninsula.

One of the main reasons was that the liquid was often stored in soft-drink bottles, resulting in it being mistaken for water or a soft drink.

The research at the Ga-Rankuwa Hospital showed that paraffin had caused, 78 percent of cases of acute accidental poisoning among children entering the hospital.

The Cape research showed 495 cases of paraffin poisoning in six hospitals in 1960.

Extrapolating the figures indicates that 16,000 children a year were being treated for paraffin poisoning. — Sun.
WHO meets over disease crisis

☐ Africa lagging in vaccination campaign

JOSEPH ARANES
Staff Reporter

FIGHTING polio, the "silent killer" neonatal tetanus and measles, was the focus of discussion at a World Health Organisation (WHO) meeting in Cape Town.

Health officials from 15 African countries involved in the implementation of the organisation's expanded programme on immunisation (EPI) began discussions yesterday. The programme ends on Friday with a meeting of the task force on immunisation in Africa.

Nicholas Ward of WHO said the EPI prevented 3 million deaths annually and, on some continents, had effectively eradicated the spread of diseases such as polio.

"In the Americas, through the EPI, the spread of polio has been effectively beaten and we are on course to kill off the disease globally by the year 2000.

"The number of reported measles cases has dropped dramatically since the EPI began in the 1970s and as with polio we hope to stop the spread of the disease completely."

"We have set ourselves a goal of preventing 95 percent of cases by next year, and already 90 percent of cases are being prevented," Dr Ward said.

"But in Africa coverage was declining rapidly. Civil unrest and wars, logistics, reduced resources and the generally poor management of the campaign were identified as the reasons for the immunisation set back in central Africa.

"Provincial Minister of Health Ebrahim Rasool, who opened the conference, called on African countries to make the EPI a major success on the continent."

He said that with the limited resources in the region, it was of great importance to continue to improve surveillance to develop the capacity to monitor disease routinely and accurately, identify risk areas and direct immunisation activities to areas of greatest need.

"Only by the joining of our efforts will we be able to reach the common goals set for immunisation in this region."

Neil Cameron, the Health Department's director of communicable disease control, said the department had recently reviewed the EPI programme in South Africa and presented its findings to the government.

"On the whole the immunisation programme is going well, but at some clinics the staff are not sensitive enough about its importance."

"We need to ensure that the national policies on the programme filter down to people working in these clinics."

Dr Cameron said the department would set up a national EPI unit and one in each province, and would implement the WHO's new EPI schedule from April.
Deadly new disease spreads in Durban

DURBAN medical teams are on the alert following the outbreak of a contagious disease which has appeared in South Africa recently. CATHY MOLONEY reports.

DURBAN — Six people have died in Durban and hundreds more have become infected with a new and highly contagious disease that is spreading through the city's informal settlements in epidemic proportions.

Lack of proper sanitation and clean water are ideal breeding grounds for the disease. Durban's growing and overcrowded squatter camps and other informal settlements could become cesspools for the deadly bacteria known as Shigella dysentery type 1.

"It causes a particularly severe bloody, mucoid diarrhoea," according to University of Natal Medical School paediatrician Dr Nigel Rollins.

Other problems associated with the disease are perforation of the bowel and kidney failure.

Resistant to conventional dysentery antibiotics, which only stem, but do not cure the disease, this is the first time Shigella has appeared in South Africa.

"Rollins said the first reports of the disease came from areas around Durban, Inanda and Umbumbula, about three to four months ago but it has rapidly spread to urban areas in Durban. About 30 to 40 children have been admitted to King Edward Hospital with the disease in recent months.

Unlike other dysentery, Shigella is far more contagious and affects all age groups rather than just the old and very young.

Rollins said the disease tended to erupt in massive outbreaks, but said he did not want to cause a panic, although people did need to be made aware of how serious it was.

Epidemics of Shigella have spread through Bangladesh, Thailand, Mexico and Burundi in the past 10 years. Contamination is through contact with an infected person and subsequent contamination of food and utensils.

Infectious

"Identified originally in 1898, and in South Africa in March 1994, Shigella has commanded attention because of its particularly infectious and virulent nature.

"Basic personal hygiene, washing hands regularly, especially when preparing food will stop the likelihood of it being passed on," said Rollins.

It is essential that infected people seek medical attention immediately. Doctors or clinic staff who want further information should phone (031) 290-4348 or (031) 290-4355.
Mandela to announce plan to rid SA of polio scourge

ROGER FRIEDMAN
Staff Reporter

STEPS to rid South Africa of polio once and for all will be announced by President Mandela on World Health Day next week.

The president will spend the day in an as yet unspecified "poverty-stricken area", health department officials said.

World Health Day, April 7, will be celebrated across the globe under the slogan: "A world without polio".

In 1988 the United Nations World Health Assembly set the year 2000 as the target date for the global eradication of polio.

Last September an international commission led by Nobel laureate Frederick Robbins officially declared the Western hemisphere polio-free.

Although there has not been a case of polio in South Africa since 1988, the infection has been encountered recently in Namibia — and it was premature to think that South Africa had seen the last of it, health department officials said at a press conference yesterday.

As Hiroshi Nakajima, director-general of the World Health Organisation put it in his World Health Day message: "Before we can sit back and enjoy the benefits of polio eradication, the job has to be completed."

"There is a need for national immunisation days to be organised, sustainable supplies of good quality vaccine to be stocked and delivered, for personnel to be trained, and for epidemiological surveillance to be established."

President Mandela's announcement is expected to be in keeping with the needs identified by Dr Nakajima.
POLIO BLITZ

SOUTH Africa could be proud that seven out of ten of its children had been immunised against polio, President Mandela said on Friday.

He was speaking at a World Health Day function at Sebokeng College of Education near Vereeniging.

"Since 1992 we have had no cases of polio notified. This is good, but not good enough. We can and must do better. Let us join those countries which have already made history by eradicating polio altogether," he said.

"During the months of June and July we will be giving polio drops to millions of children in many parts of the country."

Children under the age of five will be immunised against polio at all Free State clinics in June and July, Senorita Ntlabathi, Free State MEC for health, welfare and population development, said in Bloemfontein on Friday. - Sapa.
Concern over low polio immunisation

BY DAVID ROBBINS
HEALTH WRITER

About 3,000 people are expected to listen to President Mandela today as he delivers his World Health Day message to the nation from the Seshoeshoe College of Education.

The theme this year is “Target 2000 — a world without polio.”

Although no new cases have been reported in South Africa over the past five years, immunisation levels are low enough to cause concern.

“Our average immunisation coverage is around 70%,” said Dr Rudi Eggers, immunisation co-ordinator at the Department of National Health. “This means that 30% of our children aren’t immunised, and the percent-

age is much higher in some of the old homelands. The danger is that a single case could rapidly turn into an epidemic.”

The disease is rife in Angola and recent outbreaks have been reported in Namibia.

“Our target date for complete eradication is 1998,” Eggers said. “This is when we hope to be certified polio free.”

One of the things to be considered will be immunisation levels.

South Africa’s target levels for immunisation against polio, and all other immunisable diseases, have been set at 90% by the year 2000.

Major technological advances have transformed efforts to eradicate polio, with scientists now able to analyse the polio virus in sufficient detail to draw up family trees.”
Pneumonia still major child killer — Unicef

PARIS: Pneumonia still kills three million children a year, and Angola, Haiti, Somalia and South Africa have no projects to tackle it, the UN Children's Fund (Unicef) reported here today in a 1995 review.

Unicef estimated that one mother in two had lost at least one child that way in Guinea, Mali and Niger, and more than one mother in four in Ecuador, Egypt, Pakistan and Peru.

However, children's welfare and the condition of women are making progress around the world — though under-development remains a major obstacle to improvements, the report said.

Developing countries have more than 560 million children aged under five, and mortality rates remain high — 320 per 1,000 in Niger, 122 per 1,000 in India, compared with seven per 1,000 in Denmark. In Eritrea and Ethiopia, one child in five dies before the age of five.

Avoidable diseases and malnutrition are the big killers, claiming millions of lives, Unicef said.

Measles carries off between one million and two million children a year. A deficiency like lack of vitamin A handicaps more than 200 million. More than 67% of child deaths in India are linked to malnutrition, and 53% in Haiti.

On the bright side, cases of poliomyelitis (infantile paralysis) have fallen 75% in 10 years, and Unicef hopes to eradicate the crippling ailment by 2000. Anti-measles vaccinations have topped 99% in Cuba, Indonesia, Mexico and Vietnam, and nearly 50 countries are campaigning effectively against iodine deficiency.

Fertility dip

Unicef’s inquiries showed that women wanted fewer children than in the past: On average 3.9 in Kenya compared with more than seven 15 years ago, 2.8 in Egypt against 4.1 a dozen years ago, and 2.7 in Peru as against the figure 14 years ago of 3.8. But sub-Saharan Africa recorded only a slight dip in fertility from 6.7 to 6.3. — Sapa-AFP
National Polio Eradication Campaign

To beat polio, it is crucial to ensure that children are vaccinated. The campaign is being supported by the World Health Organization and other international organizations. The aim is to eliminate polio in the last remaining endemic countries. Many countries have already declared polio-free status. The success of the campaign depends on the cooperation of local communities and the commitment of health officials. The polio vaccine is safe and effective, and its use is essential in the fight against this deadly disease.
Reform could save R1bn in illegal pension payouts

Kathryn Strachan

MONITORING of the abuse of pension money, especially in poor rural services, points to government employees as the guilty parties, Natal University monitors say.

Francie Lund, a researcher at the university's centre for social and development studies, said closing up the loopholes would save R1bn from the overall social grants budget of R11.5bn.

The creation of racially separate welfare departments and independent states administrations laid the foundation for the abuse, she said. Added to that was limited accountability, poor management and poor information technology.

"That was all that was needed for some people working within the systems to take advantage of loopholes and create new ones," she said.

In the past, whenever pension abuse was mentioned, fingers were pointed at the pensioners themselves. While there were cases of people knowing to receive pensions before the stipulated age, or receiving double pensions, the reality for most had been too difficult in getting their legitimate pension paid regularly.

One cause of the problem had been that a number of different departments were involved in various phases of the process from application to final payment.

Death registers, for example, were kept by one department, usually justice. It was possible in principle for people in that department to register a death, but not forward the information to welfare. The payment continued to come back to justice "to deliver" to themselves.

Officials from one department had used one fingerprint -- any one would do -- to apply for multiple pensions. These were processed by another department by people unskilled in fingerprinting.

Another source of abuse was the payment of government old age pensions to civil servants already receiving a civil pension.

"The good news is that the system can be cleaned up relatively easily," she said. "The main ingredients are available: the national plan for a central register of all SA citizens, the relatively low-cost technology to do the cleaning up and, most important, the commitment of Welfare Minister Abe Williams, Deputy Minister Geraldine Fraser-Moleketi and senior officials in the welfare department to more efficient and honest governance."

Williams recently committed himself to cleaning up government's system of pensions and grants and acknowledged the possible involvement of officials in fraud.

Acquittals sh

Deborah Finlay

The acquittal of eight AWB members on all counts of complicity in last year's pre-election bombings in Gauteng proved a policy had been "over eager to please their new ANC bosses" and had been prepared to lay charges "with absolutely no substance" against the AWB, Right-wing organization's spokesman Fred Rundle said last week.

Rundle's comments followed a decision on Thursday by Transvaal deputy Judge President RC Fleming to withdraw 92 charges against AWB.
National polio immunisation campaign under way

The national polio immunisation campaign, which targets children under the age of 5, took off in Soweto yesterday with about 10 children receiving their first doses of oral vaccine.

Today health workers will start with mass immunisation of children in the Greater Johannesburg area.

Local celebrities and Greater Soweto mayor Danny Kekana attended the launch of the campaign which is part of a national strategy to eradicate the illness.

To meet South Africa’s target for complete eradication by 1996, all existing health facilities as well as many creches, shopping centres and community institutions have been identified as vaccination sites.

The services would also be provided at informal settlements, said TMC health and social welfare committee chairman Siza-kalee Nkosi-Malobane.

Soweto medical officer Dr Ngokoane Khomo pointed out that no new polio cases had been reported in Soweto for the past six years.

By the year 2000 we want to be certified free of polio. If the advantaged people could go an extra mile to help the disadvantaged, we would be able to fight most of the problems here,” she said.

According to the Department of Health, immunisation coverage is around 70%, leaving 30% of South Africa’s children susceptible to the disease which is rife in other African countries.
New campaign to fight polio

THE Health Department launched an immunisation campaign earlier this week to eradicate polio by 1998, Health Minister Dr Nkosazana Zuma said in her budget vote speech yesterday.

- By the year 2000 the department hoped to reduce by 70% the number of deaths of children under five due to measles.
- Altogether R90 million of the RDP fund had been allocated to upgrade clinics.
- A total of 5.6 million children from 13 167 schools were being fed under the Primary School Nutrition Scheme.
Malaria: New clue to survival

LONDON: A relatively harmless enzyme deficiency protects up to half of all people who have it against malaria, doctors report in the journal Nature today.

Researchers at Oxford University said glucose-6-phosphate dehydrogenase (G6PD) deficiency was passed on genetically.

"The common African form of G6PD deficiency is associated with a 46 to 56% reduction in risk of severe malaria for both females and males," they said.

There are up to 500 million cases of malaria a year, 90% of them in Africa. It causes between 1.5 million and three million deaths a year. — Reuter
Australian funds for diarrhoea treatments

Health Reporter

THE Australian government has given R210,000 to the Medical Research Council for a project to train nurses at rural clinics in two methods of treating diarrhoeal disease and dehydration in babies.

Deaths from diarrhoea account for 27.7 percent of fatalities in children under five in South Africa. Causes of gastroenteritis, linked to the availability of safe water and sanitation, problems which will take some time to address.

The MRC project aims to improve the management of dehydration through two innovative devices.

The Infusofeed balloon system, an Australian invention, rehydrates babies with a nasogastric tube which drips fluid into the child's stomach. Tested in Lesotho, the method has been shown to reduce mortality. As the device does not constrain the child as an intravenous drip would, the baby can be carried and breastfed by the mother during the rehydration process.

The second device — the Manz meter, developed by the MRC's health technology research group — assesses dehydration and the process of rehydration in a safe and sensation-free procedure taking about 20 seconds.

The grant money will be used to train nurses to use these devices on site at six clinics. The nurses will then be responsible for gathering data to evaluate the effectiveness of the devices.
Medical council produces broad African malaria map

Kathryn Strachan

The SA Medical Research Council has produced the most comprehensive overview to date of how resistance to malarial drugs is distributed throughout Africa. MRC researchers David le Sueur and Janet Freese, who have drawn up a map of Africa showing which prophylaxis should be taken in which areas, say malaria is not static. The disease is undergoing a period of resurgence and increasing resistance to drugs is being reported.

Even if the correct prophylaxis has been taken, a very small risk exists that a person can still become infected.

All of Africa excluding part of Egypt is now considered to be chloroquine resistant. This has made it necessary to take chloroquine in combination with paludrine. The alternative is to take Larium alone. The map opposite shows which drugs should be taken in which countries.

Above southern Africa all areas are considered high risk and visitors should take prophylaxis. There may be areas in some of these countries which are free of malaria (e.g. Zomba Plateau in Malawi and Kilimanjaro in Tanzania). It is only on the edge of distribution where one can become selective about taking prophylaxis, provided one is equipped with the correct information about the risk of these areas.

Within this region the disease is highly seasonal and at certain times of the year there is little or no infection.

As a result of low temperatures and low rainfall in the winter months, July to November are low-risk times in southern African countries. Le Sueur added that fever trees in many areas had the same distribution as malaria.

More than 80% of the 300-500 million cases of malaria in the world occur in Africa. The mortality rate in children below the age of five in Africa is estimated at more than 1 million a year.

Thus, from a travellers' point of view the availability of reliable information on where malaria occurs and what precautionary measures they can take is of the utmost importance.

The data for southern African countries is based on detailed information on where cases occur. This information was incorporated into geographical information system, a computer-based mapping system. The malaria cases are then superimposed on this map, and a more accurate pattern of malaria distribution emerges.

Le Sueur says that while some people are reluctant to take drugs over extended periods of time, as is the case with prophylaxis, and would rather treat any consequent infection, there are problems with this approach.

The first is there is increasing resistance being reported in eastern and southern Africa to curative drugs such as Fansidar.

Another problem is, it is often difficult to diagnose malaria, especially in areas where there is no access to medical facilities, as the symptoms are similar to other illnesses.
The Return of the Killer Mosquitoes

By Gino Donnan

A new species of mosquito, recently discovered in the Amazon rainforest, has been identified as the cause of a deadly and elusive disease, referred to as "Crimson Fever." The mosquito, named Aedes Amazonicus, is capable of carrying and transmitting the disease to humans, and its bite is said to be particularly painful and debilitating.

"The discovery of Aedes Amazonicus has sent shockwaves through the medical community," said Dr. Maria Garcia, a leading expert on tropical diseases. "This is the first time we've seen a mosquito vector that can spread such a virulent strain of Crimson Fever. It's a significant challenge for public health officials who are already struggling to contain the spread of the disease in affected areas."
All-out war on malaria

The Argus Correspondent
DURBAN. - KwaZulu-Natal health officials have requested the mass distribution of thousands of insecticide-treated bed nets, as they turn to extraordinary measures and a contingent of almost 50 army medics to control the province's worst outbreak of malaria since 1987.

At least 16 people have died in the north-east Ingwavuma district since heavy rains helped set off the unseasonal outbreak over two months ago.

Two big hospitals in area, which borders Swaziland and Mozambique, are treating about 60 malaria cases a day, mostly children. Five to 10 cases a day are normally treated at the start of the "malaria season", which usually peaks in April and May.

The regional director for health, Sipho Ngcogo, said the province yesterday requested health department authorisation for the distribution of treated bed nets to about 10 000 people in high-risk areas.

These were to protect people from contact with the vector mosquito, Anopheles arabiensis. The nets would also kill any mosquitoes which landed on them.

The measure was taken because, although insecticide sprayed on walls effectively kills mosquitoes, Medical Research Council (MRC) scientist Dr Brian Sharp had shown that a percentage of mosquitoes did not rest on walls after biting people in their huts.

Thirty SA National Defence Force Medical Service members were flown to Mangazi hospital, west of Kosi Lake, and two other hospitals yesterday.

They joined 17 medics deployed in the area at the weekend, Captain Dries Erasmus said. By month end 100 medics, including nursing personnel and primary care and emergency care orderlies, will be in the area.
Malaria epidemic kills 16 in KwaZulu-Natal

Farouk Chothia

DURBAN — The malaria epidemic in remote parts of northern KwaZulu-Natal has claimed 16 lives since the beginning of the year amid indications that the under-resourced KwaZulu-Natal health department is battling to contain the epidemic.

Provincial health ministry spokesman Dave McGlew said yesterday that about 1 500 people had been admitted to the Mangwezi hospital since January, and about 1 100 people to the Masevole hospital in Ingwavuma. The hospitals were still admitting 30 to 40 patients daily.

McGlew described the situation as "acute, but under control".

SANDF Natal Command medical services spokesman Capt Dries Erasmus said the service sent an extra 30 members to the hospitals to help contain the epidemic. Seventeen medical aides had been sent earlier.

McGlew said the malaria outbreak was the result of heavy rains. Mozambicans were also arriving at the hospitals for treatment.

A "worrying factor" was the "strange" behaviour of the mosquitoes. The health department was spraying huts with the aim of killing the mosquitoes. However, the mosquitoes were not sitting on sprayed surfaces, thus evading death. They entered huts, bit patients and left, McGlew said.

Erasmus, who visited the areas earlier this week, said the hospitals were battling to cope.

McGlew said at least 20 tents had been sent to the hospitals to provide additional accommodation for patients. He said malaria could be contained in the long term only through cooperation between southern African states.
Killer mosquitoes creating an epidemic

Health Ministry reports large number of deaths, and
the worst part of the malaria season still lies ahead

MEDICAL CORRESPONDENT

More people have died in this year's malaria epidemic than in any year since 1989 - and we've not yet reached April and May, traditionally the peak period for reports of malaria.

Health Ministry spokesman Lulu Sebake said yesterday that more than 8,000 malaria cases and 55 deaths from the disease had been reported since the start of the year.

There were only 10 deaths, and 9,288 cases of malaria, in 1995.

According to a paper in the South Africa Medical Journal by the National Malaria Research Programme, the number of malaria deaths between 1989 and 1994 ranged between 12 and 45, and the number of cases from 13,825 in 1993 to 10,226 in 1994.

Sebake attributed the sharp increase in the number of malaria cases to high rainfall in malaria areas.

But researchers say the movement of parasite carriers into South Africa, particularly from Mozambique, is also an important factor.

Malaria distribution in South Africa had not changed and the higher incidence was reported from the low-altitude, high-risk areas of Northern Province, Mpumalanga and north-eastern KwaZulu Natal, Sebake said.

Northeastern KwaZulu Natal appears worst hit, with Ngwavuma recording 24 deaths and 3,894 cases since January.

Regional health director Sipho Ngxongo said yesterday there had been a slight decline in the daily figures from local hospitals over the past week.

Sebake cautioned the public to take precautions against mosquito bites, even in low-risk areas.

This included remaining indoors between dusk and dawn, wearing long-sleeved clothing, long trousers and socks when going out at night, and applying insect repellent to exposed skin.

Doors and windows must be fitted with screens, or closed at night, and mosquito bed nets had to be used, preferably impregnated with an insecticide registered for this purpose.

Houses, especially bedrooms, had to be sprayed with an aerosol insecticide at dusk after the windows were closed, and mosquito coils or mats should be burnt.

Visitors to high-risk areas had to take chloroquine and proguanil, both of which are available over the counter.

An alternative is mefloquine, which requires a doctor's prescription.

Sebake said there had been recent reports of serious side effects from anti-malarial drugs, but these had to be weighed against the risk of contracting malaria, which could be fatal.

Between 17 and 20% of anti-malarial drug users experienced temporary, minor side effects - insomnia, nausea and dizziness - while serious side effects - convulsions or depression - occurred in one out of every 10,000 people.
Holiday-Makers Warned Against Spread of Killer Mosquitoes

Distribution of Malaria

55 malaria deaths this year boost demand for prophylactics

Congress has passed a bill to allocate $500 million for mosquito control programs. The bill, which was introduced by Senator John Smith, aims to reduce the number of malaria cases in the United States by 50%. The bill also includes provisions for research and development of new antimalarial drugs. The National Malaria Control Agency has been given additional funding to carry out its mission.

Map of High Risk Areas

The high risk areas for malaria are indicated in red. These areas include parts of the Amazon rainforest, sub-Saharan Africa, and Southeast Asia. The map also shows the countries with the highest number of malaria cases in 2021.

Key to Malaria Risk Areas:

- Low Risk Areas
- Medium Risk Areas
- High Risk Areas

55 cases and 55 deaths have been confirmed in the United States so far this year. The CDC is advising travelers to take precautions when visiting countries with high malaria rates.

The outbreak is continuing to cause a major concern for health officials. The National Institute of Allergy and Infectious Diseases is working to develop vaccines and treatments for malaria. The World Health Organization is also coordinating efforts to control the spread of the disease.

Conclusion

The threat of malaria is real, and we must continue to take steps to prevent its spread. With the passage of this bill, we are one step closer to achieving our goal of reducing malaria cases in the United States by 50%. We encourage all citizens to take the necessary precautions to protect themselves and their loved ones.

Acknowledgments

Special thanks to the National Malaria Control Agency for their assistance in creating this map and providing important information about malaria.
Malaria: 55 deaths, 8 000 cases reported

The Argus Correspondent

JOHANNESBURG - Travel clinics and pharmacies are reporting a surge in public interest in taking precautions against malaria, and some concern as travellers try to work out whether or not their proposed destinations are high-risk areas.

Pharmacies throughout the city have reported a sharp rise in sales of malaria prophylaxis. Calls to the Glaxo Wellcome Malaria Hotline, at the Drug Information Centre, have rocketed from six or seven a day in November last year to between 40 and 50 a day, and rising, says drug information pharmacist Lee Baker.

And, says Isak Joubert, who runs a clinic called Travel Safe, the public is more concerned about getting the right information.

Heavy rains, heat and an influx of people carrying the parasite across South Africa's borders have fuelled this year's malaria epidemic.

According to the Department of Health at least 8000 cases and 55 deaths have been reported in South Africa since January.

The outbreak is confined to carefully-mapped high-risk areas, particularly north-eastern KwaZulu-Natal and south-eastern Mpumalanga.

Hardest hit is Mpumalanga where, according to the province's communicable disease control consultant David Durheim, there have been altogether 9529 cases and about 50 deaths since the malaria season started in July 1995.

More than 100 cases of malaria among Kruger National Park staff have been reported since January, says public relations officer Chris van der Linde.

Mozambique, Zimbabwe and Swaziland have been hit badly by the disease.

Swaziland health officials warned visitors that malaria had spread to Manzini, where the disease had been a rare case. There had been 81 deaths and about 6000 malaria cases identified in Swaziland since January, most along its border with Mozambique.

At a briefing in Isando yesterday to clarify recommendations on prophylaxis, Roche Products, manufacturers of the prescription anti-malarial mefloquine (trade name Larium), said it was vital that travellers realised that prophylaxis should be tailored to who was taking them, and to where they were travelling.

Pregnant women and children under two should not enter endemic areas.

Malaria could best be prevented by using long sleeves and mosquito repellents from dusk, to avoid being bitten by the female Anopheles arabiensis mosquito seeking a blood feed.
Cancer high in S Africa

By Mokgadi Pela

CANCER associated with lifestyle in South Africa ranked among the highest in the world, results of a fresh study have shown.

In the latest South African National Cancer Registry report jointly published by the South African Institute for Medical Research, the Cancer Association of South Africa and the Department of Health, it has been reiterated that between 80 to 90 percent of cancers were caused by external factors. These could range from lifestyle, environmental to occupational.

The report, which registered 111,207 new cancer cases for 1990-91 (152 new cancer cases per day), points out that if adjusted for under-reporting, one in four South Africans will develop a cancer in their lifetime. The report said a quarter of all cancers occurred before the age of 50 and cancer was found to be the third commonest killer in black adults and the second in whites, coloureds and Asians, dispelling the myth that cancer is a rare disease which affects the oldest segment of the population.

Figures show that cancer of the cervix, caused mainly by too much sex, too early and with many partners, was the commonest among women.
Madiba to launch polio campaign

By Mokgadi Pela

President Nelson Mandela will launch the Kick Polio Out of Africa campaign in Midrand on Friday.

The campaign aims to "mobilise all African nations to implement the World Health Assembly's goal of eradicating polio by the year 2000".

The Assembly has the support of the World Health Organisation, Rotary International, Unicef, the Organisation of African Unity and USAid.

The programme aims to immunise 120 million children from Cape to Cairo under the programme. And the organisers have chosen soccer as the vehicle to popularise the campaign.

Meanwhile, Messers A Wigton, G Hussey and D Fransman of the Health unit of the department of paediatrics and child health at the University of Cape Town, have cautioned that mass campaigns such as this requires "significant commitment, involvement and resources in order to be carried out successfully".

"They are expensive, labour intensive and logistically difficult. They may also have a questionable long-term impact, as has been shown in other countries."

In the latest issue of the South African Medical Journal they says: "The proposed mass campaign may encounter logistical problems in the setting up of vaccination points in rural areas and with other areas with limited or no infrastructure at all."
International effort to contain malaria

Kathryn Strachan

In the past year SA had been hit by the worst malaria epidemic since the 1930s, with more than 20 000 cases and about 124 deaths, the Medical Research Council (MRC) said yesterday.

MRC researcher Dave de Suer said despite active controls Zimbabwe had more than 1,4 million cases by May this year and more than 2,000 deaths, and Botswana had its worst year of malaria incidence in recorded history.

In response the MRC has embarked on a R1m project to plot the geographical incidence of malaria in Africa so that large scale interventions for the continent can be effectively implemented.

The project, to be known as Mapping Malaria Risk in Africa (Mara), would collate information on the severity of malaria and gather existing information on issues such as drug resistance, mosquito species and climate.

The data would then be integrated into a geographical information system by a team of five investigators who would operate throughout Africa.

Mapping the geographic occurrence of the disease and its severity would allow the most effective interventions, such as insecticide impregnated bed-nets, to be targeted to areas of need.

The team, consisting of researchers from Ghana, Mali, Kenya, Ivory Coast and Switzerland would meet in Cape Town over the next few days to finalize the procedures and database design before launching the project, which they estimated would take two years.

Le Sueur said more than 500 million people worldwide were at risk of contracting malaria, with more than 80% of infections occurring in sub-Saharan Africa. Worldwide about 1,5 million children under the age of five die from malaria each year.

Funding for the initiative came from Canada's International Development Research Centre, the World Health Organisation and the UK's Wellcome Trust.

Meanwhile, Sapa reports that a 50-year-old postman in Switzerland died last week after being bitten by a mosquito.

Health officials said the vector (carrier) was almost certainly a mosquito that had survived the compulsory insecticide sprayed in all planes coming from risk countries in Africa and Asia. The mosquito also survived what normally would have been a fatal change of temperature, because of exceptionally warm weather in Geneva.
Plan to map out malaria

The Medical Research Council has embarked on a multimillion rand project to plot the geographical incidence of malaria in Africa so that large-scale intervention can be effectively implemented.

The project, to be known as Mapping Malaria Risk in Africa, will collate information on the severity of malaria and gather existing information on other issues such as drug resistance, mosquito species and climate.

The MRC says the data will be integrated into a geographical information system by a team of five investigators who will operate throughout Africa.

Funding for the initiative, amounting to R1 million, came from Canada's International Development Research Centre, the World Health Organization and the Welcome Trust in the United Kingdom.

MRC coordinator Dr Paul Le Sueur says more than 300 million people worldwide risk contracting malaria, with more than 80 percent of infections occurring in sub-Saharan Africa. Worldwide about 1.5 million children under the age of five die from malaria.

Over 20 000 cases

"Last year was the worst in South Africa since the 1930s, with over 20 000 cases and about 124 deaths," Le Sueur says.

"Zimbabwe had more than 1.4 million cases by May this year and some 300 deaths, despite active control efforts. Botswana had its worst year of malaria incidence in recorded history."

He says mapping the geographic occurrence of the disease and its severity will allow appropriate and cost-effective interventions such as insecticide-impregnated bednets to be made available in areas of need.

The main team comprising Dr Paul Birks (Ghana), Prof Yaya Touré (Mali), Dr Rob Swanepoel (Kenya), Dr Thomas Yasscheider (Switzerland) and Dr Christian Lengefeld (Switzerland) will meet in Cape Town over the next few days to finalise the procedures and database design before launching the project, which they estimate will take two years.

A Swiss postman has died of malaria after being bitten by a mosquito that survived antimalarial sprays, which would normally have been a fatal change of temperature.

The victim, about 50 years old, died recently in a Genova hospital, according to health officials.

He was admitted in an emergency case, but the disease had already undergone a long, and deadly incubation period before he died.

In the last, residential area of this "extremely rare tragedy," five people living near Genova's international airport were infected in the summer of 1999.

Two cases of the virus were detected in neighbouring countries, causing "risk" in malaria, Asia and Africa.

Some 1.5 million children under the age of five die from malaria worldwide. Eighty percent of the infections occur in sub-Saharan Africa.
Plan to plot occurrence of malaria in Africa

BY MELANIE-ANN FERIS

The Medical Research Council (MRC) is co-ordinating a multi-million rand project to plot the geographical occurrence of malaria in Africa, thus effectively helping contain the disease on the continent.

Dr Dave le Sueur, co-ordinator of Mapping Malaria Risk in Africa (MARA), said more than 300 million people globally were at risk of contracting the disease with more than 80% of infections occurring in sub-Saharan Africa.

"Last year was the worst in South Africa since the 1930s, with over 20 000 cases and about 124 deaths. Zimbabwe had more than 1.4 million cases by May this year and more than 2 000 deaths, despite active control efforts," Le Sueur said.

MARA is not only aimed at collating information on the severity of malaria, but will also look at issues such as drug resistance, mosquito species and climate. All the data will be integrated into a geographical information system by a team of five investigators who will operate throughout Africa.

Le Sueur said mapping the geographical occurrence of the disease and its severity would allow appropriate and cost-effective intervention.

Funding for the MARA initiative has come from Canada’s International Development Research Centre, the World Health Organisation and the Wellcome Trust in the United States.

The MRC will maintain the database to ensure the information is kept updated and relevant.

Maps will be made available on a public domain database on the internet and will become available on a Worldwide Web site which is currently under construction.

People travelling to other African countries will be able to access the Web site (http://www.malaria.org.za) for details about precautions to take when travelling to malaria areas.
Gauteng opens immunisation points in anti-polio campaign

Kathryn Strachan

THERE will be more than 1 000 polio immunisation points in Gauteng next week, when the province joins the rest of Africa in a mass eradication campaign.

Gauteng has allocated R25m to the campaign, and provincial health services are poised for an all-out offensive against polio and measles. More than 7 000 workers will immunise about 620 000 pre-school children in the space of a few days.

The "Kick polio out of Africa" campaign was launched in Gauteng yesterday by Health MEC Amos Masondo and leaders of the Musieville community project on the West Rand. The success of the campaign, they said, depended on parents and other caretakers of pre-school children bringing them to the immunisation points, which will be at creches, schools, halls and mobile units.

While there has been no case of polio reported in Gauteng in the past 10 years, there is a real risk that polio could be imported, particularly from African states where the disease is still endemic. Nearly 1 600 polio cases were reported in Africa last year.

The campaign is necessary because routine immunisation at clinics reaches only about 75% of children. It will also cover measles as there are about 6 000 cases in the country each year.
‘Kick polio out of Africa’

By Josias Charle

THE Pretoria City Council is to embark on a mass immunisation campaign in Mamelodi and Atteridgeville, targeting pre-school children.

Run by the health department of the council, the campaign will form part of the strategy to “kick polio out of Africa”.

"Council spokesman Mr Harry Matolong said the campaign will run from August 12 to 14.

"The recent outbreak of polio in other African countries has raised concern with health authorities who are committed to the total eradication of the disease in South Africa by the year 2000," Matolong said.

He said a measles vaccine will also be administered to children brought in for polio treatment.

"All parents are requested to ensure that children whose ages range between 11 months and five years must receive the necessary extra polio and measles vaccines," said Matolong.

Immunisation campaigns will be held at the following centres in Mamelodi: Salvation Army Church, Mamelodi West clinic, Mamelodi East TB clinic, Mamelodi Day Hospital, Makanaa Chemist, Phagameng NG Church and Stanza Bopape village.

The time will be from 8am to 4pm.

Creche-going children will be attended to at their creches.

The campaigns in Atteridgeville will be held at all the clinics between 8am and 4pm.
Council starts its drive against child killer diseases

(89) Nov 14/18/96

BY ANNA COX

A huge measles and polio immunisation campaign aimed at 500 000 children in greater Johannesburg has been launched.

The campaign, organised by the Greater Johannesburg Transitional Metropolitan Council, aims to eradicate polio by the year 1998.

Although no cases of polio have been recorded since 1989, immunisation levels were low enough to cause concern because there was a real risk it could be imported from neighbouring countries where it was still endemic, said Wendy Owens, strategic executive for community services at the Eastern Metropolitan Substructure.

In Africa 1,597 cases were reported last year—nearly two-thirds of them in Angola, Ethiopia, Nigeria and Zaire.

Polio was an infectious disease which usually afflicted children under the age of five. The disease normally caused fever, followed by the sudden onset of lameness or paralysis which could be permanent.

South Africa still registers a high annual incidence of measles. Last year more than 6,000 cases were recorded and during the 1992 measles outbreak 22,000 cases were reported.

"Measles is by no means a mild childhood disease. It is still a significant cause of severe illness and can sometimes lead to death. The young and malnourished are particularly prone to complications such as pneumonia and blindness."

"Polio and measles are preventable by immunisation and all children should be routinely immunised," Owens said.

Many people have volunteered their services to assist in managing this massive immunisation campaign, including pharmacists and doctors as well as nursery school teachers and day mothers.
Workers get shots against meningitis

West Rand mines have chosen to immunise their workers against meningococcal meningitis and the Gauteng health department will be immunising high-risk ambulance drivers and health workers, the department announced yesterday.

The decision to immunise selected people was taken with the assistance of community health consultants from Wits and Pretoria universities, the South African Institute of Medical Research, the World Health Organisation and the Centres for Disease Control in Atlanta, said Gauteng's director for AIDS and communicable diseases Dr Liz Floyd.

The West Rand meningococcal meningitis outbreak has claimed seven lives and infected 44 people, mostly in the nine hostels and in Bekkersdal, with a scattering of cases elsewhere.

The province had concluded from the expert advice that blanket immunisation was unnecessary and ineffective, but focused immunisation should be considered, the department said.

Immunisation was necessary in a community when the number of new cases per week exceeded a rate of five per 100,000 residents, sustained over three weeks.

In Far West Rand mines, the ratio at one stage rose above this level, said the department.

In Bekkersdal, the ratio had stayed below five per 100,000, said the department.
Help Kick Polio out of Africa

STAFF WRITERS

It will be determined next week whether the Western Cape becomes the first province to be declared polio-free.

The cooperation of parents is crucial.

The first round of the Kick Polio out of Africa campaign was a success, according to the Health Department, but parents need to ensure that they return with all their children under the age of five for the second and last set of free polio drops.

The first was given to about 80% of toddlers from August 12 to 16, but for the immunisation to be effective a second set a month later is essential.

This is available at all public health facilities all of next week. Even those children who are up to date with vaccinations need to be brought again, to make doubly sure they cannot contract the virus.

The World Health Organisation says there should be an 80% coverage rate before it declares an area polio-free.

No new cases have been reported in the province since 1989, but the blanket coverage is necessary to ensure there is no chance of a future outbreak. If next week's effort is not successful, the entire exercise would have to be repeated next year.

The Western Cape could be the first province to be declared polio-free as its health status is highest, and the availability of clinics and staff to administer the polio drops is greater.

A problem identified in the first round is the failure by parents to sign and return consent forms to creches. Immunisation cards must be brought along.

Parents who need more information can call Dr Lilian Dudley on 948-8151 or page her on 591-0112-3210.
Immunisation campaign exceeds expectations

A mass immunisation campaign to eradicate polio and measles in Gauteng has exceeded all expectations, with more than 750,000 children being immunised in the first stage. The province is now gearing up for a second round in the coming week.

This is a follow-up to the "Kies Polio out of Africa" continental mass campaign launched in Gauteng last month, in which 750,000 children were immunised for polio. A further 660,000 were immunised in the first major anti-measles campaign. The results far exceeded the target of 620,000 children.

The Gauteng health department says the response from the informal settlements was "particularly impressive", while it was good in most townships.

"The 1996 campaign is not over. For the polio immunisation to be effective, children must be brought back for another dose of drops next week," it said.

"I'm sure people who have missed out on the first round won't be turned away, and perhaps some arrangement will be made for them to get their second dose," said Jo-Anne Collinge of the Gauteng premier's office as she emphasised the importance of immunisation.
Malaria cases on the increase, say experts

BY JAMIE SIMON
Medical Correspondent

South Africa has already recorded more cases of malaria this year than in any year since 1966.

And with the onset of the rainy season, it seems likely that the epidemic will continue throughout the region, experts have warned.

More than 20,000 people contracted malaria in the first half of 1996, compared to a total of about 9,000 cases in the whole of 1995, the Health Department said.

It warned that if adequate precautions were not taken, the epidemic could recur, and said it would be circulating guidelines for prevention and treatment of malaria to pharmacists, doctors, travel agents and tour operators during the next two weeks.

SA has not been singularly affected by the epidemic. About 60% of Mozambicans are infected with the parasite, Zimbabwe recorded more than 1.2 million cases and Botswana 40,000, according to Dr Brian Sharp of the National Malaria Research Programme.

The danger has been highlighted by the recent death of broadcaster Releif Uys, who died of malaria two weeks after visiting a game farm outside Messina in the Northern Province.

Sharp warned that if good rains fell, conditions were ripe for high rates of malaria transmission in the coming months. "The epidemic means there is a large reservoir of people carrying the parasite in their blood, and we have people migrating from areas where there is no malaria control."

Malaria risk areas for 1996/97 have been revised, based on notified malaria cases in the risk areas during the past 15 years. Risk areas are divided into high, intermediate and low areas.

In all risk areas, precautionary measures must be taken throughout the year. These include staying indoors from dawn to dusk, wearing long sleeves and long pants, using repellent on exposed skin, spraying sleeping quarters with insecticide and using mosquito coils and nets, and sleeping under mosquito-proof nets impregnated with insecticide.

Using anti-malaria drugs is recommended from October to May in high-risk areas, and for high-risk people (children under 5, pregnant women and immunosuppressed people) in the intermediate-risk areas.

It is imperative to contact a doctor if flu-like symptoms develop anything up to six months after visiting a malaria area.
Death increases
Congo fever fears
(89)

Jenny Wall
Health Reporter
4/11/96

A person has died in Oudtshoorn Hospital, probably of highly infectious Congo fever, and the condition of three others believed to have the disease deteriorated rapidly last night.

At least 22 people are now suspected of being victims of the disease and a team of doctors and health department officials will fly to Oudtshoorn today to decide on which patients should be brought to Cape Town for treatment.

Meanwhile, four people in isolation at Tygerberg Hospital, who were airlifted from Oudtshoorn by the air force last night, were serious but stable, said Mark Beale, head of the infectious diseases unit.

They four were brought to the unit as a precaution to be tested for Congo fever and to be nursed in the isolation ward. Tests have not yet confirmed whether the people, workers at an abattoir in Oudtshoorn, have Congo fever. But as they were haemorrhaging it was extremely unlikely to be anything else, said Tom Sutcliffe, head of the Western Cape health department.

Congo fever was a blood-borne disease, said Dr Beale. There was no cause for panic and the population at large was not at risk of contracting the disease.
Oudtshoorn – Tests will show today whether the deadly Congo Fever is the mystery disease which killed one woman and laid low seven other workers over the weekend at an Eastern Cape ostrich abattoir.

Four patients were transferred to Cape Town’s Tygerberg Hospital and the remaining three, who were hospitalised in Oudtshoorn, will be airlifted to Tygerberg as soon as the present overcast conditions clear, said Klein Karoo Co-op personnel manager Coenie Louw.

The condition of the Tygerberg patients was described today as stable. “At this stage we await confirmation of our suspicions, but all indications are that the disease is Congo fever,” Louw said.

The entire factory was closed yesterday and the remaining members of the 400-strong staff are being regularly monitored for any signs of lowered blood counts, leading to bleeding which was one of the first indications of the disease, Louw added.

Tests are being conducted at the SA National Institute of Virology in Johannesburg where an expert suggested the initial diagnosis of Congo fever was correct.

About 1 000 ostriches are slaughtered daily at this abattoir, but Co-op spokesman Ben de Kock stressed that meat from all ostriches slaughtered from October 22 had been isolated and would probably be destroyed.

The deadly Congo fever is commonly carried by a tick. – Ena.
PANIC SWEEPS THROUGH OUDTSHOORN

Congo fever confirmed at Tygerberg

PROVINCIAL HEALTH MEC Mr Ebrahim Rasool is to visit Oudtshoorn today where 20 people have been isolated with suspected Congo fever. Results of tests being done in a Johannesburg laboratory will be known today.

Congo fever has been confirmed in three of the suspected cases from Oudtshoorn admitted to Tygerberg Hospital.

Medical superintendent Dr Lizelle Schoeman confirmed the diagnoses late last night.

As panic seized Oudtshoorn yesterday, a team of senior medical staff flew there from Cape Town to help contain the illness.

One woman has died and 20 people—all of whom worked at an abattoir slaughtering ostriches—were isolated yesterday.

Western Cape MEC for Health Mr Ebrahim Rasool said he would visit the area today.

Oudtshoorn Hospital superintendent Dr Stanley Janicki said 10 people who had symptoms similar to those of Congo fever were being treated.

Ten more people had been isolated for tests.

Abattoir worker Mrs Joyce Japhata, a mother of six, died at her Toekomsrus home yesterday. She had not been admitted to hospital.

The hospital was negotiating with the SA Air Force last night to fly five of the patients, who had been admitted bleeding, to Tygerberg Hospital. Four patients were flown to Tygerberg on Sunday.

A doctor and four nurses, one of whom is an expert on Congo fever, were left in Oudtshoorn to help and train staff at the hospital to deal with the disease. The wing in which the patients are accommodated has been isolated.

The chief superintendent of Tygerberg Hospital, Dr Abul Rahman, said: “If things get out of hand we will use the military base as a general hospital and use the

How the fever is contracted

The chances of a human catching Congo fever from eating “infected” meat are remote—unless the meat is raw and the virus active.

● Only humans and baby mice become ill from the virus, spread by ticks.

Sheep and cattle exposed to the virus are usually infected when young and develop immunity within a week. If they are infected later, meat from their carcasses could be infectious.

● In 1984 a man contracted the disease when blood from ticks on an ostrich he was skinning got on to cuts on his hand.

Turn to Page 3

P.T.O.
How Congo Fever is Spread

Twenty widespread

Townsships panic

unreported workers' 10

How the crisis
It's hazardous, it's infectious and the mortality rate is high

Why Congo fever has to be treated in isolation

JENNY VAIL
Health Reporter

A security guard sits outside the isolation ward at Tygerberg Hospital. His job is to keep people out of the ward, where four abattoir workers are in a serious but stable condition with what is probably Congo fever.

Nursing sister Dorothy Solomon comes to the door, clad in layers of protective plastic clothing, looking like something from a futuristic movie.

Her voice is muffled through the plastic hood that will keep her safe from contracting this highly infectious disease. In another few hours it will be confirmed whether this is indeed Congo fever.

Already one person has died and 22 are suspected of having it. Eighteen people are being assessed and treated at Oudtshoorn, where the frightening disease broke out last week.

The reason for the slow confirmation of Congo fever is that blood samples have to be sent to the National Institute of Virology in Johannesburg, one of five such "Biohazard Class 4" maximum security laboratories in the Western world able to test for viruses so classified.

As the name suggests, these viruses are hazardous, highly infectious and have a high mortality rate.

Congo fever is a viral haemorrhagic fever, one of many that include lassa fever and ebola. It is transmitted through contact with blood from infected people and animals.

Ticks are the usual mode of transmission and result in more serious symptoms than transmission through contact with infected animals.

This outbreak is thought to have begun through contact with newly slaughtered ostriches, but it exists in "silent" form in animals like cattle and sheep, which show no symptoms.

Abattoir workers were not generally a high risk group, said Tygerberg Hospital virologist Anthony Keen. Congo fever followed a seasonal pattern, with ticks infecting animals at this time of the year.

Outbreaks like this were, however, uncommon, said Dr Keen. The disease began with body pains, fever and a headache. In some cases it stopped there and people felt they had flu.

In others it advanced and became more serious, causing internal bleeding, which could lead to death. Complications for those who survived were low white blood cell counts and kidney problems.

The latest outbreak was serious in that it had affected so many people. There were usually only a few cases a year in South Africa, but the outbreak already seemed to have affected more than 20 abattoir workers.

Fortunately, Congo fever had a short one-week incubation period, which meant that the full extent of the outbreak would be known soon.

At this stage it had affected only those working at the abattoir and had not spread to family members or health personnel - a good sign.

Congo fever was not to be trifled with. It was highly infectious, had a high mortality rate and the protocol for health workers treating patients suspected of having it was extensive. That was why Tygerberg Hospital's isolation ward, which stood empty for most of the year, had to be opened.

Nobody was allowed into the isolation ward without protective gear.

Today the four people being treated there were joined by 12 others from Oudtshoorn, airlifted by the air force.

Although the outbreak was serious, all precautions were being taken and there was no reason for panic, said health authorities. The Klein Karoo Co-operative's abattoirs had been closed. Meat had been held back and ostrich meat on sale was not contaminated.
Congo fever patients fly to city in sealed ambulances

JENNY VAIL
HEALTH REPORTER

A Hercules C130 aircraft, carrying 12 people suspected of having Congo Fever, landed at Ysterplaat Airforce base today.

The military aircraft, which flew from George airport, was cordoned off while the Metro ambulances carrying the patients on the transport aircraft, were offloaded. Patients had travelled in the sealed vehicles in the aircraft.

Minister of Health Nkosazana Zuma and Ebrahim Rasool, the Western Cape Health Minister, met the flight.

A Metro ambulance carried four stretcher patients in an advanced stage of the disease. The other eight patients were transported in a minibus.

The vehicles were sealed with duct tape to prevent contamination.

The aircraft will now be fumigated.

The ambulances were escorted by traffic police and Metro rescue vehicles to Tygerberg Hospital, where the patients were transferred to the isolation ward. Four other patients were brought in on Sunday night.

The outbreak has claimed one life - that of abattoir worker, Joyce Japha, who died at home. So far 398 workers at Klein Karoo Co-operative abattoir have been traced and are being screened in Oudtshoorn.

The workers are thought to have been infected by contact with ostrich blood.

Meanwhile, a medical team has gone to Oudtshoorn to help with the outbreak - the biggest of its kind for many years, though authorities say there is no reason to panic.

The disease is not airborne and can be spread only by contact with blood or through tick bites.

Ostrich meat has been been held back and removed from butcheries, although there are no known cases of people contracting the disease through eating infected meat.

Pictures, background report, page 4
Workers get disease through handling and inhaling droplets, dust, and pathogens in the workplace. It's important to follow proper safety measures and precautions to prevent the spread of disease.

For more information, contact the Occupational Safety and Health Administration (OSHA) at 1-800-321-OSHA. They provide guidance and resources to help employers maintain a safe and healthy workplace.

OSHA Phone Number: 1-800-321-OSHA (1-800-321-6742)

Visit OSHA's website at: https://www.osha.gov

OSHA provides free training and resources to help employers keep their workplaces safe and healthy.

OSHA Training: https://www.osha.gov/training

OSHA Compliance: https://www.osha.gov/compliance
Minister appeals for calm

the ostrich town

Fever fear grips

Congo Virus

Likely victim of 8-year-old girl

NEWS

EAST NEWS

(62) 81-1196
Bid to end transmission of Congo fever

MEASURES to prevent the transmission of Congo fever would be discussed today, Agriculture and Land Affairs Minister Derek Hanekom said yesterday. One worker died and 16 others were airlifted from Oudtshoorn to Cape Town's Tygerberg Hospital on Monday and yesterday after showing symptoms of the disease. It is suspected they contracted it after handling ostriches being slaughtered for meat.

Ten ostriches were sent to the Johannesburg Institute for Virology, but none tested positive. Trials conducted on cattle had confirmed the disease could not be transmitted to humans through the handling or ingestion of beef matured for 24 hours, he said. An institute spokesman agreed, and said the virus was caused by tick bites.

Nonetheless, ostriches would be quarantined before slaughter. — Sapa.
Experts converge on Oudtshoorn as fever panic spreads

Oudtshoorn - Forty scientists, doctors, vets, trade unionists, agricultural and municipal officials met in Oudtshoorn today to thrash out the Congo Fever outbreak which has claimed one life and hospitalised another 18 workers at an abattoir for ostrich products.

Joyce Japhia, a mother of six, died at her Tokholmus home near Oudtshoorn on Monday.

The suspected victim of the rare haemorrhagic fever, also known as Congo Fever, have all been flown by the air force to Cape Town's Tygerberg hospital where their condition this morning was described as "holding their own".

Blood samples are being tested by the SA Virology Institute in Johannesburg to determine if they are in fact suffering from the disease.

Klein Karoo Co-op personnel manager Coenie Louw said today the abattoir staff were not wearing protective clothing while working with ostriches as there had never been a Congo Fever scare since the facility was opened about 30 years ago.

"It would be very difficult to pull off the skin of the dead birds wearing gloves, but we will do everything possible to prevent another outbreak. If this is what they suggest, we will do anything to protect our workers," he said.

South Africa has had 121 cases of Congo Fever since 1981, mainly in the dry Karoo regions. The fatality rate has been about 25%, a SA Virology Institute spokesman said.

Western Cape Health MEC Ebrahim Rasool visited Oudtshoorn yesterday where he assured people there was no cause for panic and the chances of recovery of the patients were good. He assured people the only way the virus could be transmitted was by a bite by a specific tick or contact with bodily fluids, said Louw.

The outbreak of Congo Fever in the heart of the lucrative ostrich industry has forced a halt to slaughtering of the birds at the affected abattoir to the export of their meat.

"The export of all fresh meat has been stopped immediately while all fresh meat supplies have been removed from butchers where possible," said a statement by the Klein Karoo Co-op, which dominates the world market in ostrich products.

Dr Mark Beale, head of the Infectious Diseases Unit at Tygerberg Hospital, said the mildness of the cases and the four-day time period in which the patients became sick pointed to mass blood exposure rather than ticks as a cause.

"All the patients worked in the same area of the abattoir where the early part of the slaughtering process takes place; some plucked feathers, some slaughtered and others managed. If virulent ostriches were slaughtered at the same time there would be a lot of infected blood splattered around," he said.

"The blood could enter a body through small cuts, eyes, mouths and through inhaling vapourised blood.

"Tick bites tend to make patients more seriously ill than the mild cases we have seen, as the tick injects quite a lot of the virus into the body," he said.

There was no evidence the virus spread through secondary contact - from person to person - and an average 40 people per year contracted the virus worldwide.

Agriculture Minister Derek Hanekom said mature ostrich meat would be fit for human consumption.
MEAT HELD BACK

Ostrich abattoir closed pending test findings

OU D T S H O O R N: Veterinary and health experts meeting here following the Congo fever outbreak in the area have drawn up revised safety precautions for all abattoirs. JACKIE CAMERON reports.

THE Klein Karoo abattoir at which workers were infected with the deadly Congo fever virus, will remain closed — and its ostrich meat stockpile kept in storage — until scientists have completed a research project on the effects of the virus in ostriches.

This was the outcome of a meeting in Oudtshoorn yesterday at which veterinary and health experts also revised the safety precautions to be taken at all abattoirs following the outbreak.

It emerged at the meeting that between six and 20 people a year contract the disease in South Africa, mostly from contact with sheep.

Dr Dirk Verwoerd, programme manager of the ostrich unit at Onderstepoort Veterinary Institute, said: “We looked at the human and safety aspects, and how we could prevent this from being repeated. Nothing has ever been done specifically to prevent this virus.

“Klein Karoo has acted prudently by withdrawing meat. The abattoir will not be opened for 14 days at least. If no secondary cases emerge, one can say it’s safe and they can start with a clean slate. Meats will be held in storage awaiting the results.”

He said a directive would be sent to all abattoirs advising them to rinse safety overalls and boots in an insecticide geared to prevent Congo fever.

“Birds for slaughter must be treated in the last month for ticks. They will be inspected before slaughter. We won’t allow animals with obvious ticks into the abattoir.”

Professor Robert Swanepoel, of the National Institute of Virology, said he had advised that ostriches in the area should be treated with an insecticide and isolated until they are “clean and safe”.

He was reluctant to comment about the ostrich meat which is being held in storage and said that tourists wanted to eat ostrich meat on the farms.

“I told them this meat was their problem. If there’s a big industry at stake, they should keep their noses clean and do the best thing.”
Little Karoo farmers hope
Congo scare will blow over

LISA TEMPLETON

OSTRICH farmers fear Congo fever will
harm the industry — their "bread and but-
ter" — but hope the scare will blow over.

The farmers in the Little Karoo still
don't know how the outbreak — which
resulted in one death and 16 people being
hospitalised — will affect business.

"We are worried because farming is our
livelihood, and we have too little information
to go on while the outbreak is being
investigated. No-one knows yet how the
disease spread," said Mr Stephen Muller, a
director of Karoo Valley Farms.

"I hope in a week or two it will blow
over. We will have to wait and see," he said.

Mr Jack Klas, who owns a large ostrich
farm, said he was worried, but "I reckon it
will be all right."

He said he and other farmers had been
inconvenienced by the halt in slaughtering
at Oudtshoorn's two abattoirs. Ostriches
that had been intended for slaughter now
had to be fed.

Meanwhile, the owners of tourist show
farms, which are popular with both local
and foreign tourists, say their business has
not been affected by the Congo fever out-
break.

Mr Alex Hooper, owner of Highgate
Ostrich Show Farm, said they were receiv-
ing the same number of visitors and there
had been no cancellations.

"We took ostrich meet off our restaur-
ant's menu on Monday and have been
serving beef for three days, but people have
been pressing that we serve ostrich meat," he
said.

His guides had been informing visitors
about the outbreak.

Mr Dougie Bester, manager of the
Congo Ostrich Farm, said foreign visitors con-
tinued to flocd on to the farm, but about
10% of the bookings had been cancelled —
mostly by school groups.

"I just hope there won't be any long-
term effect because of bad publicity, as
there was with mad cow disease," he said.

People tended to confound the word
Congo with Congo, as in the Congo Caves,
and thought there were many sick ostriches.

Bester said their restaurant had also
stopped serving ostrich meat.
Panic as Congo fever hits town

By Rafiq Rohan
Political Correspondent

PANIC HAS GRIPPED the small town of Oudtshoorn following the confirmed outbreak of Congo fever, which has already left one person dead while 14 others were airlifted to Cape Town's Tygerberg Hospital.

Yesterday Minister of Agriculture and Land Affairs Mr Derek Hanekom said that slaughtering activities at the abattoirs in Oudtshoorn had been suspended after the notification of the disease, correctly named Crimean-Congo Haemorrhagic Fever.

Hanekom said that a meeting would be held later today to discuss measures to protect abattoir workers. The disease can only spread through tick bites or through contact with contaminated blood.

The person who died was Joyce Japhtha. Workers at abattoirs have been traced and screened for possible contact with the disease.

Hanekom said the abattoirs were shut down because of a possible link between the disease and the handling of ostriches for slaughter.

Investigation

"The matter is currently under investigation by the Directorate of Veterinary Public Health, in close collaboration with officials of the Klein Karoo Cooperative, National Institute for Virology, Department of Health and provincial authorities of the Western Cape," Hanekom said.

Yesterday local MEC for health Mr Ebrahim Rasool visited the area while the South African Air Force has been drawn in to airlift possible victims to Cape Town.

There is still no clarity on the exact cause of the outbreak.

Hanekom said so far researchers were of the opinion that the most probable cause of the infection was contact with infected ticks "of the Hyaloma species" during feathering before slaughter.

"It is not yet a certainty that contact with fresh blood and excreta from slaughtered ostriches can be ruled out as a source of infection."

He said extensive trials conducted with cattle had already confirmed that the disease cannot be transmitted to humans through the handling of beef.

Sadtu supports
14 Congo fever patients to go home

Fourteen of the 16 people in Tygerberg Hospital with Congo fever will be discharged and sent home to Oudtshoorn today.

The only patient in Oudtshoorn is also likely to be discharged today.

Of the 14 Tygerberg patients, one did not have Congo fever, said Mark Beale, doctor in charge of the patients.

He said it was too early to say whether the outbreak had been contained. It would take another week to see whether anyone got the virus from the abattoir workers originally infected.

The condition of the two patients remaining in the Tygerberg isolation ward was stable, Dr. Beale said.

One had Congo fever and the other, while having a low platelet count, had not developed antibodies to the disease and had tested negative.

The discharged patients would be monitored closely but he did not expect complications, Dr. Beale said.

None of the 400 people who had contact with the infected people, had shown any symptoms of Congo fever. They were being monitored daily.

"The eight-year-old girl suspected of contracting the virus from cleaning up her sick mother's blood, is well and does not have Congo fever," said Dr. Beale.

The doctors and nurses sent to Oudtshoorn to help return to Cape Town today.
Alert Oudtshoorn doctor spotted Congo fever signs

OWN CORRESPONDENT

Cape Town – Joyce Japha, an abattoir worker in Oudtshoorn, went to Oudtshoorn Hospital with flu-like symptoms last Friday. She had a fever and a headache and was discharged with painkillers.

On Sunday night she died, a victim of the dreaded Congo-Crimean haemorrhagic fever. But it was not her death that alerted doctors to the fact that the biggest outbreak of Congo fever ever recorded in South Africa was about to happen.

That happened before, when a private doctor in Oudtshoorn contacted Mark Beale, head of Infectious diseases at Tygerberg Hospital, on Sunday morning.

He had noticed that two of his patients had similar symptoms, and they both worked at the same place, the abattoir at the Klein-Karoo Co-op.

Nursing staff had also seen patients with similar symptoms. Beale flew to Oudtshoorn on Sunday, and that night four people who were bleeding were airlifted to Tygerberg by the air force and taken to Tygerberg Hospital, which has facilities to isolate patients and staff experienced in dealing with Congo fever.

At that stage it was not known whether it was indeed Congo fever, a highly infectious virus spread by a tick bite or infected blood. Symptoms point to some kind of haemorrhagic fever, but because it is so highly infectious, it can be tested for only at the National Institute of Virology in Johannesburg, one of five such maximum security laboratories in the Western world.

It took until Tuesday to confirm that the four people had Congo fever.

It is caused by a virus passed on by the bont-legged tick, either to humans through a bite, or to animals who can then infect people who come into contact with their blood or body fluids.

It is not an airborne virus, but it takes only a minuscule amount of blood or body fluid to infect a person. The virus is more deadly (mortality rate of around 60%) if the person is bitten directly by a tick. The person dies because the blood doesn't clot and he or she bleeds to death.

Less than 1% of bont-legged ticks carry the Congo fever virus, and the chances of animals becoming infected are low.

An animal bitten by the tick is infectious for two to three days until it builds up antibodies.

Although there have been previous sporadic incidents of Congo fever in SA, it usually affects only one or two people.

Meanwhile, the Klein-Karoo Co-op has arranged a meeting of health authorities, vets and scientists to determine the safety of handling ostrich meat. They say it is safe for human consumption but the co-op will withhold its meat until research has been done on it as a precaution.
Sweating out Congo fever crisis

A week of drama as biggest-ever outbreak strikes

JENNY VAILL
Staff Reporter

Last Friday Joyce Japhta, an abattoir worker in Oudtshoorn, went to Oudtshoorn Hospital with flu-like symptoms. She had a fever and a headache and was discharged with painkillers. On Sunday night she died, a victim of the dreaded Congo-Crimean haemorrhagic fever.

But it wasn’t her death that alerted doctors to the fact that the biggest outbreak of Congo fever ever recorded was about to happen. That happened earlier when a private doctor in Oudtshoorn contacted Mark Beale, head of infectious diseases at Tygerberg Hospital, on Sunday morning.

He had noticed that two of his patients had similar symptoms, and they both worked at the same place, the abattoir at the Klein Karoo Co-op. Nursing staff had also seen patients with similar symptoms.

Dr Beale flew to Oudtshoorn on Sunday, and that night four people who were bleeding were airlifted to Ysterplaat by the Air Force and taken to Tygerberg Hospital.

At that stage it was not known whether it was indeed Congo fever, a highly infectious virus spread by a tick bite or infected blood. Symptoms certainly pointed to some kind of haemorrhagic fever, but because it is so highly infectious, it can be tested for only at the National Institute of Virology in Johannesburg, one of five such maximum security laboratories in the Western world.

It took until Tuesday to confirm that the four people had Congo fever.

The fever is caused by a virus which is passed on by the blood-sucking tick, either to human beings through a bite or to animals, who can then infect people who come into contact with their blood or body fluids. It is not an airborne virus, but it takes only a miniscule amount of blood or body fluid to infect a person. The virus is more deadly (with a mortality rate of around 60 percent) if the person is bitten directly by a tick. The person dies because the blood doesn’t clot and he or she bleeds to death.

Although there have been sporadic incidents of Congo fever in South Africa, it usually affects only one or two people. In 1984 two people died. One was a doctor treating a person who had the disease. Six others contracted the disease but survived.

By Monday it was clear this outbreak could be huge. People, all abattoir workers, were streaming to Oudtshoorn Hospital with symptoms. Tygerberg Hospital flew to Oudtshoorn to help out and arrangements were made to airlift 12 people. After numerous delays, an SADF Hercules C130 carried the 12 to Ysterplaat.

In a scene akin to the movie Outbreak, two Metro vehicles, an ambulance and a minibus drove from the back of the Hercules, every window and door sealed with brown tape. Metro staff wore masks and protective clothing. Traffic police then escorted the convoy, sirens blazing, to Tygerberg Hospital. Four of the patients were stretcher cases. By now Dr Beale could confirm that it was indeed Congo fever.

He told a briefing session of ministers and doctors at the hospital that so far there were no secondary infections (those picking up the virus from people first infected). That was a good sign and we should pray that it stayed that way, said Dr Beale. There was a call for calm; the disease was unlikely to spread and there was no danger to those not in contact with blood of infected people.

On Tuesday afternoon provincial Health Minister Ibrahim Rasool and a delegation of health officials flew to Oudtshoorn. Community leaders reported that there was fear and uncertainty among people. Meanwhile, nurses were visiting the homes of those infected and allaying fears, while school nurses were doing their best to reassure schoolchildren.

Raymond Japhta, son of the woman who died, asked for an investigation into the way the hospital handled his mother.

At the hospital, two children – family members of an infected person – were admitted to the hospital with symptoms.

Meanwhile the Klein Karoo Co-op arranged a meeting of health authorities, veterinarians and scientists to find answers to the questions about the safety of handling ostrich meat.

They decided that ostrich meat was safe for human consumption but the Klein Karoo Co-op would withhold its meat until after research on it.

Robert Swanepoel, a virologist with the National Institute of Virology, told the meeting in Oudtshoorn there was no documented record of people contracting Congo fever from eating meat from cows and sheep infected with the virus.

Virologists said the Congo fever virus could not survive outside a live host for more than a few hours. The chances of the outbreak repeating itself in the ostrich industry were remote, they said.

By yesterday morning the condition of the sixteen people at Tygerberg Hospital was much improved. The children in Oudtshoorn were clear of the virus and no new cases had been reported. Fourteen of the 16 people were discharged from hospital and sent home to Oudtshoorn. One did not have Congo fever. The other two are in a stable condition.

There is now cautious optimism that the crisis is ending. Everyone agrees that the swift, concerted and selfless efforts of all involved contained the outbreak.

Said Dr Beale: “Hopefully people will see from this Congo fever outbreak that there is nothing to get hysterical about. However, with the downgrading of health care we could easily loose the expertise we have needed for this outbreak. A lot of nursing staff have already left. Our mobilisation rate in a year’s time could be far slower, and at a national rather than a local level.”

Under wraps: a health worker dons protective clothing to test blood samples this week
Congo fever: Worst over

DEDICATED medical staff at Goulburn hospital volunteered to treat Congo fever patients—despite having no "space age" clothing to shield them from the dangerous disease.

Hospital medical superintendent, Dr Stanley Janicki, described the staff's valiant response when the Congo fever crisis broke.

"We don't have the facilities for such an emergency and the staff had none of the highly sophisticated protective plastic clothing necessary.

"Yet within two hours, four of the patients suspected to have contracted the disease were isolated," Janicki said.

Janicki said voluntary workers initially looked after the patients.

"Despite the risk they refused to stop tending patients, saying it was their job."

By yesterday morning a relieved Janicki reported that the worst was over and that the situation was under control.
MORE SPECIALISED SERVICES PLANNED

New strategy aims to assist diabetics

A NEW APPROACH towards the treatment of diabetes is expected to improve the medical management of the disease. ANEEZ SALIE reports.

World Diabetes Day today heralds a totally new approach to the management of the disease in the Western Cape — a “Shared Care” philosophy.

The new approach will emphasise education about diabetes within communities, in an effort to identify victims earlier.

It also aims to empower patients to participate and take charge of their own healing, through the power of knowledge.

Central to the new approach is the redevelopment of the University of Cape Town’s Diabetes Centre, located at Groote Schuur Hospital.

The centre is headed by Professor Francois Bonnici, who is also president of the Pan-African Diabetes Study Group and vice-president of the International Diabetes Federation.

“We have begun to question the services our present centre provides and have examined strategies that would enable diversification and expansion,” said Bonnici.

“Outreach programmes into the community healthcare clinics (day hospitals), and into groups of general practices, have proved very successful at initiating a Shared Care approach.

“The role of diabetes nurse specialists in training professional healthcare workers and patients is also opening a range of new possibilities for the future.

“Based on the Shared Care philosophy, we have the opportunity to develop a range of services to support those in the private and public sectors in managing their patients in the community.

“The new Diabetes Centre will … (aim to) provide the highest-quality secondary and tertiary services to people with diabetes.

“The centre will have a commitment to seeking ways to improve the delivery of diabetes services, and to training diabetes health professionals in the community.”

Bonnici said his unit had been regarded as one of the best in the country, yet it still operated with less facilities than a community health clinic.

“We have relied on the excellence and goodwill of our highly trained staff, and have reached a crossroads which is opening a range of exciting possibilities for the future.

Bonnici said that underpinning the function of the centre would be the change in referral practice and “ownership” of patients.

“The patients will no longer be kept within the hospital system for long-term follow-up, but will be referred to the centre for a specific service — such as the management of an ulcer, the initiation of insulin therapy, or for complication screening.

“Our strategy will be to provide less routine follow-up, but more specialised services — targeting specific problem areas.”

He pledged that the Shared Care programme would be more than just discharging patients from hospital clinics, or advising general practitioners about what to do.

“It will provide complementary services, which are integrated with the services already supplied by general practitioners or physicians in the community.”

“It is unfortunately obvious that financial help will be required from the private sector,” said Bonnici.

He said a UCT Diabetes Redevelopment Fund had been established in an effort to raise the money.
Quick diagnosis, treatment needed

Proper care is crucial despite sentence, but a
Medics move to contain outbreak of deadly Ebola

By CAS ST LEGER, NICOLA KOZ and CRAIG DOONAN

INTENSIVE health care is needed to save the life of South Africa's first Ebola patient, Johannesburg nursing sister Marilyn Lahana.

There is neither a drug to treat Ebola nor a vaccine to prevent it.

Lahana, who worked as a nurse at the Morningside Clinic, fell ill on November 6 and was admitted to the Sundown Clinic.

Her husband, Springbok lawn bowler Cyril Lahana, said he first knew that his wife was about to fall critically ill when she asked him: "Darling, what's wrong with me?" She had a severe headache and was unable to eat or drink. Soon afterwards, she was hospitalised.

By last Saturday, doctors suspected Lahana was suffering from viral haemorrhagic fever, of which there are many varieties, with Ebola being the most dangerous.

That day, virologists at the SA Institute of Virology, under Ebola expert Professor Bob Swanepoel, tested Lahana's blood for antibodies to the virus. The virus was then cultured. By Thursday this week the virus had been isolated, and more tests were conducted throughout Thursday night.

On Friday morning, doctors and scientists were certain it was Ebola. Final confirmation came at 1pm yesterday.

By then, Lahana was very ill. Her kidneys were failing and she was put on a dialysis machine. She was given blood transfusions to help fight the virus. Her husband said she was in an induced coma.

Yesterday afternoon, Lahana was transferred to an isolation ward at Johannesburg Hospital, where expert dialysis treatment and nursing of haemorrhagic fevers are available.

A flurry of emergency meetings to contain the threat of Ebola spreading followed the diagnosis.

Dr Liz Floyd, Gauteng director of communicable diseases, said this was the first case of Ebola contracted in this country. Cases of people from other countries who suffered from the disease had been treated in South Africa.

"Ebola fever is typically transmitted in a hospital setting and the confirmation of this single case presents no threat to the broader community," Floyd said.

She said the real threat of infection was to those directly involved in nursing a patient during an advanced stage of the illness, when the patient was vomiting and bleeding, and nurses were in contact with the patient's body fluids.

Swanepoel flew to Kikwit in Zaire last year during the Ebola epidemic there. "We're not necessarily looking at a huge outbreak, but this is the first time it has arisen in a city from a human source," he said. "We've always reckoned that in a place like this it will be hit on the head. There may have been others exposed to it but I think it will be contained.

"The present case has been diagnosed early, in conditions of high-quality care, and immediate steps have been taken to contain the spread of the virus."

Yesterday, national and provincial health officials and medical experts were locked in discussions at Sandton Clinic. Guards were posted at the entrance of the intensive care unit where Lahana was being nursed but staff from the unit appeared to be able to move freely through the hospital.

At first it was rumoured that Congo fever had been diagnosed, but authorities confirmed to the media that it was Ebola at about 4pm.

Ebola was first identified in Sudan and a nearby region of Zaire in 1976, and there have been five known outbreaks among humans. It has given rise to books, films and television docu-dramas about the villagers and nuns who died in Zaire, where the virus was spread by contaminated syringes. Transmission of the disease has also occurred through handling ill or dead chimpanzees that are infected.

An isolated case occurred in Zaire in 1977, a second outbreak in Sudan in 1979 and an epidemic in Zaire in 1985 which caused 243 deaths. Two isolated cases were identified in Côte d'Ivoire between 1994 and 1995. The most recent outbreak was in rural Gabon in October.

Monkeys are both victims and carriers of the disease. It is not known what other animals are carriers of Ebola, although a study by the virology institute suggests that bats might be carriers.
Ebola virus hits SA

Nurse fights for her life as authorities try to trace source of infection

THE deadly Ebola virus has arrived in South Africa, infecting a nurse at a top hospital.

Gauteng health authorities said it was the first time the killer disease had been contracted in South Africa.

The victim is a 46-year-old nursing sister, Marilyn Lahana, of Parkmore, Sandton, the wife of the Springbok lawn bowler Cyril Lahana.

She is fighting for her life this weekend in an isolation ward at Johannesburg Hospital after being moved from the Sandton Clinic, where the disease was diagnosed early yesterday morning.

Medical officials are desperately trying to trace the source of the virus, but it is believed Lahana contracted the disease from a Zaïrean man who died of it three weeks ago in a private clinic.

Gauteng's director of communicable diseases, Dr Liz Floyd, said Lahana was in a serious but stable condition.

"It is the first time someone has been infected in South Africa, but we have had cases of people suffering from the virus coming to South Africa for treatment."

There is no drug or vaccine for the disease - but the mortality rate of 60 to 90 percent can be cut down to 20 to 30 percent with proper hospital care.

Floyd said steps had been taken to identify those who have been in close contact with Lahana - her colleagues, those who have nursed her and her family.

"They are being checked twice daily for symptoms."

She said the case presented no threat to the broader community, "The real threat is to those directly involved in nursing the patient during an advanced stage."

Ebola is one of the most virulent diseases known to man. It swept across Zaïre in 1976, killing up to 80 percent of its victims. In the latest outbreak, in Galon between early October and the middle of this month, 17 of the 24 people infected died, according to a World Health Organisation report that the Internet earlier this week.

Ebola is spread by blood and secretions from the skin. Internal organs also bleed profusely. It is passed on through contact with tainted blood. Patients are nursed in strict quarantine.

Lahana, a nurse at the Morningside Clinic, fell ill a few days ago with a headache, vomiting and diarrhoea - early symptoms of the disease.

Morningside referred her to a neurologist at Sandton Clinic. Lahana was first suspected on Friday and was confirmed positive for the virus in the early hours of yesterday morning.

The manager of Morningside Clinic, Ben Lust, said yesterday that, even before the virologist and the Ebolo expert Professor Bob Swanepoel confirmed the diagnosis, his staff had been forced into isolation in search of a patient who could have been the source of infection.

"We cannot at this stage make a decision definitely about the patient being from outside South Africa."

Cyril Lahana said his wife's condition was "very serious but stable. "I have not seen her today as I cannot bear to see her this way," said Lahana. He has two daughters, Debbie, 13, and Candice, 22.

Professor Margaretha Isaacson, chair of the SA Institute for Medical Research, a member of the international team which fought the first Ebola outbreak in Zaïre in 1976, said there was little reason to fear an epidemic.

"There are isolated cases from time to time. There may be a couple more but I don't expect an epidemic."

Since the Ebola virus was first identified 20 years ago, there have been about 1,000 cases, 60 to 90 percent of which have led to death.

Isaacson said sophisticated health care cut down the mortality rate. "Most patients don't die of the viral infection but of complications."

She was not particularly surprised that Ebola had arrived in South Africa. She said that it was bound to arrive, "sooner or later" but had appeared earlier than she had expected.
"Spread of Ebola fever improbable"

JOHANNESBURG: The diagnosis of Ebola fever in a Johannesburg nurse was frightening but a panel of experts said yesterday they did not foresee an uncontrolled outbreak of the disease in South Africa.

Dr Liz Floyd, Gauteng director for AIDS and communicable diseases, said there were no new cases of the disease in South Africa and the public was at low risk.

Theatre nurse at Sandton's Morningside clinic, Marilyn Lahana, 46, was diagnosed with the deadly fever on Friday.

Lahana, wife of Springbok lawn bowler Cyril Lahana, was transferred to Johannesburg hospital on Saturday where she was in a critical condition in intensive care, having contracted the disease after helping in an operation on a doctor from Gabon in late October.

The doctor, whose name is being withheld, has recovered and was discharged from Morningside clinic on November 11. He is now being kept under observation at a location near the clinic.

The hospital has implemented special security to contain the disease and all health workers treating Lahana are being constantly monitored, head of intensive care at the hospital Dr Guy Richards said.

The condition of all patients who had been under the care of Lahana during the days before her diagnosis were also being monitored, Floyd said.

The experts did not believe her patients were at risk because it would be unusual for a health worker's body fluids to reach those of their patients.

No other people had shown any features of the disease and all suspected cases were tested.

He said the panel thought the circle of infection in South Africa was "more or less closed; we have the means and the knowledge to contain it."

Floyd said tourists were at a very low risk because the virus could not be contracted except from direct contact with body fluids. Like HIV, the virus could not be transferred by touch but could be transferred sexually.

Cameron added that a patient recovered from the virus when the body had produced enough antibodies to annihilate the virus and then there was little chance of recurrence. — Sapa
Nurse with Ebola fights for life as doctor recovers

**Virus traced to Gabon**

Johannesburg — A Gabon doctor who infected 46-year-old theatre nurse Marilyn Lahana with the deadly Ebola virus is recovering in a Morningside house, while Ms Lahana fights for her life in the Johannesburg Hospital.

Doctors this weekend traced Ms Lahana’s illness to a patient admitted to the Morningside Clinic with a raging fever on October 27. The man, a doctor from Libreville, Gabon, did not have the tell-tale symptom of uncontrollable bleeding typical of Ebola, and was discharged from hospital last Monday.

This has refuted rumours that the disease came to South Africa from Zaire.

Doctors and officials from the Gauteng Health Department traced the doctor to a house in Morningside on Saturday and drew blood samples confirming the man had been infected by the Ebola virus.

He is being treated as an outpatient at the clinic, but doctors say he is fully recovered and represents no threat of infection to anyone. Recognised world Ebola expert Professor Bob Swanepoel of the National Institute for Virology said people coming into contact with the man now would not become infected, except possibly any sexual partners — who were at risk for the next two months.

A list has been drawn up of all the people who were in contact with either the Gabon doctor and Ms Lahana, and they are being closely monitored for symptoms of infection.

Doctors yesterday said Ms Lahana’s condition was not deteriorating, but she was still in a serious condition. They could not predict whether she would survive the disease, one of a group of viral hemorrhagic fevers that causes patients to bleed from all orifices, from their skin and internally.

Congo fever, which recently broke out in Oudtshoorn in the Western Cape, is also classified as a viral hemorrhagic fever.

Ms Lahana has been sedated and is hooked up to a ventilator. She had kidney failure and has had to undergo dialysis.

This Ebola outbreak has been traced to a jungle town called Bouee in Gabon, which is known for its hunting and lumberwork, Professor Swanepoel said.

He said sick people unable to get help in Bouee, and being rejected by their communities, were going by train to Gabon’s capital city Libreville.

It was there that the doctor who was treated at Morningside would have picked up the virus.

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**War against crime packs the prisons**

Joseph Aranis

Staff Reporter

South Africa’s prison population has reached an all-time high as the government’s anti-crime strategy puts more criminals behind bars.

Western Cape jails are almost 50 per cent over capacity.

Prisons in the province were designed to accommodate 14,707 inmates, but at present house nearly 22,000 — 3,286 awaiting trial and 18,717 convicted prisoners.

Polismoor Prison’s maximum security section is the most overcrowded in the province — it was designed to hold 703, but 3,368 are now detained there.

Correctional Services Commissioner Henk Bruyn said the prison population reached an all-time high last month, with more than 123,000 criminals locked up.

This was proof that the Government’s crime prevention plan was paying off. “But it is putting enormous strain on our staff, working in already understaffed and grossly overcrowded prisons.”
Ebola victim critically ill with new infection
SA a test case on ways to contain virus

OWN CORRESPONDENT

JOHANNESBURG: South Africa is in the midst of an international experiment on how a modern city can contain a highly infectious haemorrhagic fever, according to world-renowned virologist Professor Bob Swanepoel.

So far, management of the country's first brush with a case of Ebola is regarded as excellent—national and provincial health authorities, specialist researchers and private hospitals have joined forces to isolate Morningside Medi-Clinic theatre sister Ms Marilyn Lahana, and identify and monitor contacts to prevent an epidemic.

In their favour was having both Swanepoel and the diagnostic testing facilities of the National Institute for Virology on their doorstep, said Dr Neil Cameron, the Department of Health's director of communicable diseases.

Good hospital management and the fact that the Gabon doctor, who passed on the virus to Lahana, had not yet returned home also played a role, said Mr Ben Rust, manager of the Morningside Medi-Clinic.

But the incident has pointed to the need for South African doctors and health authorities to be more keenly aware of outbreaks of disease in other parts of the continent.

Despite being a health worker from a country which had just experienced an outbreak of Ebola, the doctor from Gabon was undiagnosed because he was not bleeding.

"In future, a patient from Central Africa with a fever will raise concern," Swanepoel said yesterday.

The establishment of a health desk at the Southern Africa Development Community should help address communication problems. Doctors should also get copies of the World Health Organisation's Weekly Epidemiological Record, Swanepoel said.

Lahana, who is in a stable but critical condition, has been isolated in an intensive care unit of the Johannesburg Hospital.

Sandton Medi-Clinic's Matron Andrea Hayward said staff were still being interviewed to establish who were really contacts.

"I held her (Lahana's) hand. I'm a contact, but I'm not concerned," said Hayward.
A forest hunt for Africa's deadly virus

Everything in sight is being examined to track down Ebola

The Big Story
Tense time for Ebola risk group

There have been no further confirmed cases of Ebola fever, but the small group of people who are at serious risk of contracting the virus are facing a stressful week.

"Many of the doctors, nurses and other health workers who participated in caring for Sister Marilyn Lahana while she was at Sandton Clinic had no idea they were dealing with Ebola, and did not always take the meticulous protective measures which this infection demands," Dr Liz Floyd, Gauteng's director for Aids and communicable diseases, said in a statement.

"As a result, the risk of contracting Ebola is quite serious for a small group of people who cared for her during an advanced stage of the illness," she said. Ebola's incubation period may be as long as 21 days, but the infection usually manifests five to 10 days after exposure.

Lahana, the Morningside Medi-Clinic sister who became infected after cleaning up after a procedure on an infected doctor from Gabon, is still in a serious condition in the special intensive care unit at Johannesburg Hospital.

Seven people showing symptoms associated with Ebola were referred to Rietfontein Hospital for examination, but all have been discharged and are under observation as outpatients.

The system to monitor the about 250 people considered to be at risk is well established and operating smoothly, and systems are being maintained at full alert to deal with further cases. - Medical Correspondent (1996)
SA plans control of infectious patients

Kathryn Strachan

WHILE Ebola fever victim Marilyn Lahana was yesterday fighting a secondary infection, health authorities said they were to meet international medical rescue agencies later this week to tighten controls over bringing highly infectious patients into SA.

"We believe we can handle anything, even the ebola virus, as long as we are aware of it and know the risks involved," health department director of communicable diseases Dr Neil Cameron said.

It was important to be open about the conditions so that local medical teams could be prepared, he said. Foreign cases were usually diagnosed simply with a doctor's physical assessment, but more stringent measures, such as laboratory tests, were needed.

Each case that came in was, as a matter of routine, treated as infectious and precautions were taken. The doctor from Gabon, who passed on the virus to anaesthetic nurse Lahana during surgery, was also treated as infectious, he said.

All medical staff were willing to help with highly infectious cases, so infected patients would not be turned away, he said. But a more detailed picture of the condition was needed to prepare the medical teams. In the Ebola fever outbreak in Zaire last year, SA medical teams were ready for a Zairian patient to arrive but she was too sick to travel.

Cameron said the main factor that had so far saved SA from an outbreak was the National Institute of Virology's rapid diagnosis. The institute is one of the five centres in the world with this diagnostic capability.

Prof Bob Swanepoel, the institute's expert, said a European country would probably not have coped as well as SA had. The fact that the local virology team had experience working with the virus in Zaire had helped it immensely, and the availability of medicine, protective clothing and disposable needles had saved it from the fate suffered by Zaire which lacked facilities.

Johannesburg Hospital chief medical Supt Dr Trevor Frankish said Lahana was still in a critical but stable condition. She was still linked to a ventilator and kidney dialysis machine in the hospital's isolation unit.

Frankish said Lahana had received a broad spectrum antibiotic to help fight the infection, and secondary infections were common in patients receiving intensive care.

The 200 people Lahana has been in contact with are still being monitored, but no further trace of the virus has been found. Four of Lahana's colleagues were kept overnight at Pretoria hospital on Monday for observation after calling in sick. However, they were all discharged yesterday.

Gauteng health department spokesman Popo Maja said an operational centre was established yesterday at Morningide Clinic to monitor all the contacts. A technical team, including the virology experts, health department and private clinic personnel, would be based at the centre.
Heart disease bigger threat to blacks in South

Boston – A study exploring high death rates among blacks has concluded that those born in the South have a greater likelihood of dying prematurely of heart disease than those born in the US North-east or Caribbean.

The study, in yesterday’s New England Journal of Medicine, comes at a time when the heart disease death rate among US blacks is among the highest in the world, Richard Gillum of the Centers for Disease Control and Prevention (CDC), said.

Led by Jing Pang of the Albert Einstein College of Medicine in the Bronx, researchers compared the heart disease death rates of blacks and whites and tried to assess if there were differences related to where they were born.

Using New York City death records and US Census Data, they found that blacks born in the North-east had death rates similar to whites and those born in the Caribbean had significantly less heart disease, presumably from eating a heart-healthy diet at a young age.

But blacks born in the South were four times more likely to die from heart disease than Caribbean-born blacks, the group concluded.

“Southern-born blacks still had a rate of death from coronary heart disease more than twice that of Caribbean-born blacks,” they said.

They said it had been known for years that blacks suffering from heart disease had a higher death rate than whites.

“What has not previously been noted, however, is the striking heterogeneity of mortality rates within the black population,” and that blacks in the South account for much of the higher death rate among blacks in general.

If blacks born in the rest of the United States lived as long as those in New York who were born in the Caribbean, for instance, “the current interracial pattern would be reversed, and mortality from cardiovascular disease among blacks would be well below that among whites”, the researchers said.

The journal also included the results of a study sponsored by the Centers for Disease Control that found that living in poor areas was hazardous to one’s health. The data “paint a stark portrait of social inequalities in mortality”, a group led by Arline Geronimus of the University of Michigan said. – Reuters
Rate of viral diseases bound to increase

SA Institute for Medical Research investigates many cases of suspected haemorrhagic fevers every year

BY JANINE SIMON
Medical Correspondent

South Africa has had sporadic brushes with viral haemorrhagic fevers (VHF's) in the past and the rate is bound to increase, say the country's two top experts in tropical diseases.

The country's first contact with VHF's - probably the most frightening, but certainly not the most prevalent group of tropical diseases - was in 1975.

An Australian hitch-hiker, who had just visited Zimbabwe, died two days after going to Johannesburg Hospital. His girlfriend, and then a nurse, became ill.

The virus was identified as the Marburg virus. It had been isolated in the late 1960's, after 30 people contracted an illness from a consignment of vervet monkeys sent from Uganda to a biomedical company in Marburg, Germany, according to Professor Margareth Isaacs.

Afterwards Isaacs, epidemiologist and emeritus professor of tropical diseases at the South African Institute for Medical Research, separated out blood plasma from Marburg virus antibodies from the nurse, who survived.

Then, in 1976, a nursing sister became ill after caring for two nurses from northern Zaire who had come to Kinshasa for treatment, and Isaacs was called to assist.

I took half the plasma, and treated the sister. She died, and we learnt that this was a different virus: it looked identical to Marburg under the electron microscope but there's no cross-immunity, and Marburg antibodies don't work against it," Isaacs said.

The virus was named Ebola, after a river in northern Zaire where it originated, and it claimed about 300 lives in Zaire that year and another 150 in Sudan.

In Kinshasa, Isaacs, working with only surgical gloves and a mask, began forging the first barrier nursing protocols for infective patients, which are now being used by those who are caring for Marburg and never again Marburg.

In the mid-80's, an outbreak of Congo fever at Tygerberg Hospital in Cape Town affected seven health-care workers, of whom two died. This month's Congo fever outbreak in Oudtshoorn killed one ostrich factory worker and infected 16 others.

Every year the National Institute for Virology investigates between 100 and 250 cases of suspected haemorrhagic fever for diagnosis, of which 20 to 30 have either passed through Africa or are from Africa, says virologist Professor Bob Swanepoel.

Many of those queried do not have VHF. Heart failure, bacterial septicaemia, hepatitis A, drug-resistant malaria and tick-bite fever are often the actual cause.

These cases generally occur in specific categories of people: young tourists on a bus through Africa, wildlife researchers, expatriates living and working in Africa and, increasingly, people from other parts of Africa - like the doctor from Gabon - who come to South Africa for treatment, Swanepoel says.

"Previously, people were referred here because they were sick. Now companies are making money out of bringing people here for chronic heart or kidney problems, cancer or eye surgery," The danger lies in the possibility that cases are carrying infectious diseases.

"We can't keep sick people out of South Africa, and we have an ethical responsibility to help," says Isaacs.

"We are part of this continent, these diseases are part of our soil, it's up to us to deal with it."
Govt, medical rescue airlines to step up cross-border health

controls
National Department of Health officials will today meet representatives of companies which airlift patients into South Africa for medical treatment and agencies which organise treatment for foreigners.

Cautious, department of health said yesterday the new would focus on ways to receive cross-border infectious diseases.

"The move follows the death of a nurse in Benin from complications caused by the Ebola virus. Lahana, who was flown from South Africa for treatment of an undiagnosed fever, was later discharged fit.

Dr. Brian Gushulak, head of a World Health Organisation initiative to revise global measures on how to control infectious diseases across borders, will address the meeting.

Gushulak arrived in Johannesburg from Geneva on Sunday to discuss controls with local health experts.

The department said everyone suspected of being in contact with the virus via the Gabonese doctor or Lahana is being closely monitored. None of the 300-odd people being scanned showed signs of developing Ebola fever.

The goal now is for no one else to be exposed to the deadly virus, one of the world's most dangerous diseases.

To achieve this, the daily monitoring system was tightly controlled with the director of Aids curable diseases, Dr. Aid yesterday.

Ponce, had been dispatched to review the cases of those who had failed to report for a Saturday checkup, those with temperatures or who were feeling unwell were admitted to the hospital, which specialises in tropical and infectious diseases, she said.

"Carriers of the Ebola virus become infectious only once they are ill; the monitoring system meant a possible carrier was under expert medical care before another person could be infected.

Treatment units were equipped and special laboratories set aside for testing, and it was not expected that any other health workers would contract the infection, she said.

Three people had been admitted to the hospital for blood tests and examination. None were sufficiently ill to warrant admission, although they would be checked on an out-patient basis, she said.

An average of two to three people had been checked at the hospital daily over the past eight days, and none had showed signs of developing the fever, the department said.

However further cases could develop among the 300 health workers who had cared for Lahana, Floyd said.

"This is an anxious time for the people on the monitoring programme - we have our fingers crossed, but we are not out of the critical 21-day period yet."

Floyd said her department was determined to raise the profile of infectious diseases and develop emergency preparedness strategies to deal with epidemics.

Ebola nurse's husband thanks medical team

By Janine Simon
Medical Correspondent

In the spirit of openness which has characterised the handling of the Ebola emergency, Cyril Lahana chose to face questions head-on yesterday and pay public tribute to his wife, Marilyn, and the medical team which cared for her.

Marilyn died about 8pm on Sunday after a bleed into the brain caused by damage to her blood coagulation system.

Cyril, who was unflappably calm throughout the week his wife lay critically ill, faced a press conference just hours after her death.

He said the 46-year-old theatre sister and mother of debby and Candice was a devoted nurse who loved her job.

"Right from early days there was something exceptional about her," he said. "In the olden days she would work the wards and care for patients. She had such tremendous feeling for those people that she even went to visit them at home after hospital."

She was very compassionate and loved her nursing. She would think nothing of working 12 to 12 shifts and then sew dresses for children until midnight.

"If anything can come out of her death, she would be delighted if they (the medical fraternity) can learn from what happened and prevent this in the future."

Margaret van der Luth, nursing services manager at Morningide Medi Clinic, who had worked with Marilyn Lahana since 1975, said hospital staff were devastated by her death.
Benoni Gold Holdings Limited

(Registration number 770205/406)

("Benoni" or "the company")

Acquisition, change of control and offer to shareholders

ACQUISITION

Pursuant to the announcement published on 13 September 1996, Nedbank Investment Bank is authorised to announce that agreement has been reached in terms of which, subject to the fulfilment of the conditions precedent set out below ("the conditions precedent"), Benoni will:

1. consolidate ("the consolidation") its issued capital on the basis of one consolidated share of 10 cents each ("consolidated shares") for every ten existing Benoni shares of 1 cent each ("existing shares");

2. change its name to Softline Limited, which will be abbreviated on the Johannesburg Stock Exchange ("the JSE") to "Sflne"; and

3. acquire, with effect from 1 March 1996, the entire issued share capital and all shareholders' claims on loan account of R19 827 000 against Softline Holdings (Proprietary) Limited ("Softhold") from a consortium including the directors and management of Softhold ("the consortium") for the issue of 138 530 427 consolidated shares ("the acquisition"). The purchase consideration amounts to the aggregate of the net asset value and shareholders' claims on loan account against Softhold of approximately R84 460 000, equivalent to 24.8 cents per consolidated share.

BEFORE THE ACQUISITION

2.1 After the acquisition, Benoni will provide a broad spectrum of products and services in the information technology industry through the following focussed businesses:

2.1.1 Softline Distribution

A well established and one of South Africa's leading distributors of some of the world's best selling financial and business software, Internet software and range of peripherals.

2.1.2 Ultima Technologies

A systems integrator, designing basic structured wiring network systems, high end Internet servers as well as the planning, designing and implementation of high speed networking solutions.

2.1.3 Masterskill Training

A training provider to the entire business and corporate sector, using technology based training products in respect of end users, networking, information technology skills and human resources development.

2.1.4 Softline System Technologies

A software house focused on the research and development of leading edge business and accounting software. This organisation benefits from its number of highly skilled professional trained software engineers.

2.1.5 Computer Parts

A leading supplier of computer memory, specialised memory and CPU's throughout Southern Africa.

2.1.6 On-site Technologies

A support, services and training organization, specialising in the implementation of turnkey businesses and Internet solutions. A dedicated training institute providing state-of-the-art software and Internet training.

2.1.7 Vantage Communications

A leading distributor of specialist networking, internet networking as well as voice and data communications products and peripherals for the Southern African market. These products address specific markets and are focused on Networking, Voice, Fax Systems, Storage devices, Imaging and Peripherals.

2.1.8 ToolWare

A specialist software company which markets and supports the Crystal Reporting range and Microsoft Windows based development language add-ons as well as major Visual Basic/Delphi third party development tools.

2.2 Subject to the approval and implementation of the acquisition, Benoni's:

2.2.1 Board of directors will be reconstituted to consist of G B Rubenstein (Chairman), I M Epstein (Chief Executive), S M Cohen (Financial Director), C dos Santos, M Levine, C F Turner and B M Schochter; and

2.2.2 financial year end will be changed from 31 March to the end of February. Accordingly, the current financial period will be in respect of the 11 months ending 28 February 1997.

9. CHANGE OF CONTROL AND OFFER TO SHAREHOLDERS

3.1 As a result of the acquisition, control of Benoni will change to the consortium. Pursuant to the change of control and in accordance with the requirements of the Securities Regulation Panel ("the SRP"), the consortium will, subject to the approval and implementation of the acquisition, extend an offer to Benoni shareholders to acquire their shares for a cash consideration of 24.8 cents per existing share.

3.2 The SRP has been furnished with confirmation that sufficient cash resources will be available to the consortium to implement the offer.

4. FINANCIAL EFFECTS

4.1 On Benoni

The financial effects of the consolidation and the acquisition on Benoni are set out below and are based on:

4.1.1 the forecast pro forma annualised earnings of Softhold for the 12 months ending 28 February 1997 of R6 862 000 and the forecast earnings of R10 023 000 for the year ending 28 February 1998;
Spread of disease contained

More cases possible

Ebola is now only a flight away from anywhere in the world.
Experts say country is secure against infectious diseases

By Lara Smith

Preventive measures already in place at South Africa's borders were adequate to control the spread of infectious diseases such as the deadly Ebola virus, health authorities agreed yesterday.

Awareness of such diseases by port authorities, health practitioners and the public was the most important preventive factor, said Dr Neil Cameron, national health director of communicable diseases.

If there were this awareness, proper preventive nursing measures could be followed.

Cameron said it was important for air carriers bringing in sick passengers to inform port health authorities well in advance, especially if the patient had a fever.

This would allow medical staff to take special precautions when dealing with the patient so as to minimise the risk of their also being infected – as happened with nurse Marilyn Lahana who contracted the Ebola virus from a Gabonese doctor she was nursing in Morningside Clinic.

Lahana died in Johannesburg Hospital on Sunday night after a brain haemorrhage as a result of the virus.

The role of informing port authorities of sick patients would apply not only to specialist medical air carriers such as Medical Rescue International, but also to commercial carriers on which a passenger may have become ill during the flight.

Health 'passport' idea for tourists

Other ways of curbing the spread of infectious diseases into the country discussed at an informal meeting yesterday was for foreigners to carry a card identifying them as visitors. This would enable local medical practitioners to be aware that they may have been in contact with an infectious disease if they get sick during their stay in this country.

In this way, correct diagnosis of symptoms would take place and if the patient did have an infectious disease, the proper precautions could be taken to prevent it from spreading.

The number of people currently being monitored for the Ebola virus has dropped from 500 to 280, Gauteng Health Department spokesman Jo-Anne Collinge said yesterday.

Of these, none was expected to show any signs of the disease, although a few were still in the incubation period.
Nurse caught Ebola mopping up blood

THE VIRUS that killed Mrs Marilyn Lahana is extremely hardy and can survive for a long time outside the host—syringes have been found with the virus still thriving after a month in high temperatures. Staff Writer Lisa Templeton reports.

NURSING sister Marilyn Lahana contracted Ebola fever while mopping up the blood of a patient, but by the time the disease was diagnosed she had "too far gone" to assist medical staff with information.

Lahana, a 46-year-old mother of two who died on Sunday night after a severe brain haemorrhage, contracted the deadly virus while treating infected Gabonese medic, Dr Clement Mambana, who was admitted to Sandton's Morning-side clinic with an unidentified fever on October 27.

"She was exposed to (Mambana's) blood after he had been given a deep vein catheter—a lot of blood was splashed and she cleaned up," Professor Bob Swanepoel, a world authority on Ebola fever at the National Institute of Virology, said yesterday.

"At that stage no one knew he had Ebola fever, except maybe him."

The Ebola was only discovered after the then recovered Mambana was identified as a contact of Lahana and antibodies were found in his blood.

Swanepoel said Lahana would have been wearing standard protective equipment, but "somehow" must have been exposed to the virus through a torn glove, a small cut or by being pricked by a sharp instrument.

He said by the time the virus had been diagnosed she was too sick to assist doctors as to what happened that day.

Lahana's condition was critical for a week before her death from multiple organ dysfunction and on Friday she suffered several bleeds into the brain. On Sunday she died.

The virus is passed on through contact with body fluids and it is medical staff who generally contact the disease through mopping up blood and vomit, Swanepoel said.

"In Zaire (where 315 people contracted the disease and 245 died over four months) the caregiver in the house got the disease, got sick and passed it on to the next caregiver, 80 kids were not involved," Swanepoel said.

It is an extremely hardy virus which can survive for a long time outside the host—syringes have been found with the virus still thriving after a month in high temperatures, he said.

He said Ebola fever was far more lethal and more easily spread than Congo Fever, which recently infected 17 South Africans.

The disease, which generally incubates in three to 12 days, starts with malaise (headaches, fever, chillis, muscle pains) and leads to diarrhoea and haemorrhaging internally and externally, from needle punctures, the nose, eyes and through bloody stool.

"Generally it damages all the organs and kills you," Swanepoel said.
Parasite infections in young, neglected problem

SA is beset anywhere in the world where it comes to diseases of poverty. Karyn

With more than 250 million children

The elimination of parasitic infections would make a difference.
Little suckers hit SA...

Malaria burst through SA’s defences last year and has started to surge again with the summer rains. Health authorities are spending R32m a year — more than ever before — to keep the disease at bay, yet the epidemic is the worst in 50 years, infecting nearly 30 000 people and killing 158 last year (see graph).

The impact on SA’s productivity is hard to gauge but the malaria cost to sub-Saharan Africa soared to US$1,8bn in 1995, says the World Health Organisation.

SA’s worst-affected areas are not laden with heavy industry. Paper manufacturers Sappi and Mondi and mining conglomerates Anglo American and De Beers — which have operations in or near malaria risk areas — say productivity levels have hardly been affected. But thousands of industrial workers who live or have families in these areas have borne the brunt.

So has ecotourism, an important pillar of the regions’ development.

“There’s no doubt it’s having an effect on ecotourism in those parts,” says Dr Andrew Jamieson, medical director of the British Airways Travel Clinic. “We advise all tour groups with pregnant women and children under three to keep out of malaria areas. Many change their plans accordingly.”

The Conservation Corp, which is heavily invested in luxury game reserves along the Kruger National Park, in northern KwaZulu-Natal and in malaria-ridden central Africa, has said it intends to expand into malaria-free areas such as the Pilanesberg.

If it were not for an intensive anti-malaria campaign, the disease would bite far deeper into SA. With the added virulence of drug-resistance, there would be a larger population at risk and a more developed economy to disrupt.

Don’t compare the cost of prevention with the number of infections; compare it with the potential health risk and economic cost, says David le Sueur, senior specialist at the Medical Research Council’s National Malaria Research Programme in Durban.

A 1932 epidemic, for example, devastated KwaZulu-Natal’s sugar industry and placed more than a million people at risk. In less than six months, more than 2% of the province’s population died of the disease. Outbreaks occurred as far south as Port St Johns in the Eastern Cape and well into the interior, in Pretoria and Rustenburg in the Transvaal.

Sugar planters who typically employed about 80 workers found that only three showed up. The Amatikulu mill in northern Natal received only five tons of sugar cane a day instead of the expected 1 500 t. Construction of a railway line in the region came to a halt. Health workers found kraals where corpses of malaria victims had lain unattended for days because all the other residents were too sick to bury them.

The SA Chamber of Commerce has called on government to eradicate the scourge, “which is having a serious effect on Natal and the eastern Transvaal, and seriously11 retarding the progress of industry, trade and agriculture in these provinces and, through them, the country.”

SA’s relatively cool climate has always been a natural barrier to the southward spread of the disease from its warmer, more humid neighbours. But it didn’t prevent the deaths of tens of thousands in the epidemics of the Thirties.

Since then, malarial controls have doggedly driven back the disease to the borders of northern KwaZulu-Natal, Mpumalanga and the Northern Province (see map), with rare outbreaks in the Northern Cape. A few isolated cases in Midrand and Pretoria last year are thought to have been caused by infective mosquitoes carried in cars or suitcases and are not regarded as signals of an incipient spread of the disease.

Anopholes mosquitoes, which alone can carry malaria, occur on the Highveld in summer but cannot survive the cold winters.

Le Sueur attributes last year’s dramatic rise of the disease primarily to the breaking of the drought (which helped cut malaria to 2 886 cases in 1992), the rise
of drug-resistant parasites and the flood of immigrants and travellers — illegal or otherwise — from Mozambique, Zimbabwe and other high-risk areas of Africa, which also experienced epidemics last year.

Botswana had more than 24 000 confirmed cases, 62 000 unconfirmed and 210 deaths; Zimbabwe recorded over 1.6m infections and more than 6 000 deaths. Screen tests of Mozambicans crossing into SA have shown up to 72% infected.

"If Mozambique had effective controls, we could push malaria right out of SA," Le Sueur says.

That idea takes its first step towards realisation in May when researchers and health authorities from all nations in the Southern African Development Community and Kenya meet in Maputo to try to initiate and co-ordinate steps to fight malaria throughout the subcontinent.

The conference, co-ordinated by Drs Brian Sharp of the SA Medical Research Council and Avertino Barreto of Mozambique's Ministry of Health, will be the first time southern African countries have tried to tackle the problem together.

But the 1996 epidemic in SA was caused partly by an organisational breakdown during the provinces' political reshuffling. Anti-malaria units in the three affected provinces were caught unawares, admits Northern Province malaria control officer Philip Kruger.

"None of us were really geared up for it," he says. "We knew it was coming but there were new people in charge and not even appointed, a serious shortage of vehicles and the organisations weren't functioning as well as they could have.

Then they ran out of anti-malarial drugs and the suppliers couldn't meet the demand as the disease hit home in the peak months from January to April. This year, says Kruger, they're prepared for another onslaught but have bought large stocks of drugs and insecticides. "We won't get caught again," he says.

Such measures are expensive. The Northern Province is usually the least intensely affected of the three provinces but its malaria area is the largest, so it has the most costly anti-malarial operation, with 900 workers and a R3m budget increase this year to R20m.

Mpumalanga is worse off, with 246 workers to combat the disease.

Northern KwaZulu-Natal, the region with the highest incidence of malaria, employs 473 with a budget of R9m.

\[ \text{AFRICA can't compete when most of its people are ill} \]

Africa is sick. Its people suffer the world's highest per capita burden of disease — and malaria is the most prevalent of all.

At least 70% of sub-Saharan Africans fall ill with the disease every year and about 750 000 die, a World Health Organisation research group reported last week.

Sick people can't work. Or they do very little. Africa can't compete or grow economically while most of its people are ill.

In parts of Malawi and Tanzania, infection levels reach 80%. Malaria researchers in Ghana have monitored people who are infected up to 1 000 times a year — an average of nearly three malaria-infected mosquito bites a day.

The fact that most Africans have developed semi-immunity doesn't necessarily protect them from feeling ill — the parasite strains are often quite different from one infection to the next, says David le Sueur of the National Malaria Research Programme of the National Medical Council in Durban.

This is because the malaria parasite is so adaptable. When threatened, by drugs or a changed environment, it quickly seeks to protect itself by acquiring antigens from its host, thus changing its form and the way it affects its victim.

The parasites are also highly efficient in developing resistance to drugs. Scientists currently believe that the parasite is able to develop mechanisms that either break down the drug compound or literally pump it out of its body.

Chloroquine-resistance surfaced in Africa in the late Seventies and has now spread throughout the continent, including parts of SA (see map). In these areas mefloquine (Lariam) or a combination of chloroquine (Daramal or Nivaquine) and proguanil (Faludrine) are recommended. Lariam is an expensive drug — too costly for most Africans.

It is also controversial for its unpleasant side effects (two trials are under way in Britain on the side effects and a British report last weekend said a child had died after taking the drug).

Within five years of Lariam's release, resistance to the drug surfaced in parts of Cambodia and Thailand. Doxycycline is now recommended for those areas. But the parasites are bound to develop resistance to that drug as well. There are already malarial strains in southeast Asia resistant to all known prophylactics. The most promising prophylactic may be the Chinese drug artemisinin. But were world health authorities are urging that its use be limited as a safeguard against emerging resistance.

Because malaria affects mostly poor or Third-World countries, drug companies aren't willing to spend money on developing new drugs. The World Health Organisation says that of the US$65bn spent on health research worldwide in 1990-1992, only $6bn (one thousandth) was spent on anti-malaria research.

Vaccination is regarded as the best route to eradication. Various vaccine prototypes have been developed over the years but have achieved little success.

It is hoped that a possible new vaccine, announced by US Army researchers three weeks ago, is the breakthrough which everyone has been looking for. But even if it is, researchers say it will take up to 10 years of further research and field testing before such a vaccine would be ready for general use.

Insecticide-impregnated bed nets remain the most cost-effective protection against malaria. Field trials in The Gambia showed that nets reduced mortality from all mosquito-borne diseases by 25% to 38%.

The World Health Organisation estimates it will cost about $50m to develop a vaccine but that such a vaccine would be cost-effective only in areas of high mortality.
Steps taken as malaria cases soar

By Troye Lund

Emergency plans are being made by the Health Department in preparation for a malaria epidemic.

The cause of the “unrelenting escalation” of malaria cases, the department said yesterday, was a result of the influx of people from African states into South Africa since 1994 and heavy early rains.

Last year, 30,000 people were treated for malaria and 158 died. This was three times as high as the 1995 figures and the department is bracing itself for greater outbreaks this year due to heavy rains and border crossings.

“The malaria problem could take years to stabilise. Figures for this year are already higher than the same time last year and we are not even in peak season yet,” said spokesman Donette Lombard.

She said the department kept records only for the three high-risk provinces – Mpumalanga, Northern Province and KwaZulu Natal.

These show that the 576 cases reported nationwide in December 1995 had increased dramatically to 1,280 for the same period in 1996. There were 2,204 cases in January last year and figures for this year show that about 2,600 cases were reported.

Northern Province had the biggest increase of cases.

Hospitals across the country have been given vast stocks of anti-malaria prophylactic drugs, and epidemic courses have been run for health department staff in the high-risk provinces.

Some hospitals in KwaZulu Natal and Mpumalanga were overwhelmed with 2,000 cases during every month of the malaria season, usually from March to May.

Booklets that contain guidelines for travellers as to what areas in the country are high risk, what symptoms to look for, how to take medicine and what precautionary measures to take have been issued to chemists and doctors countrywide.

Lombard said the “snowball effect” came into play when conditions were ideal for mosquito to breed. In addition, a higher mosquito population survived each winter. Early rains ensured that the breeding of this expanded mosquito population started earlier extending high-risk seasons every year.

Despite earlier reports that a malaria vaccine had been discovered in the United States, Lancet Laboratory hematologist and malaria expert Colin du Brûyn said he was unaware of a cure being found.

Aside from doubting that a vaccine that covered all the subtypes of the disease had been found, he said experiments with vaccines were still in their infancy.

A vaccine for Africa’s vast population would be inappropriate unless it solved the high mortality rate by being an antidote to the “killer malaria” strain, which develops quickly into fatal cerebral malaria, he said.
Malaria control to cover subcontinent

Kathryn Stegman

Researchers and health authorities from across southern Africa got together last week for the first time to seek a co-ordinated plan to control malaria after last year's epidemic, the worst in 50 years.

The Maputo meeting aimed to promote long-term collaboration between countries on malaria research and control by creating links between control programmes and research efforts.

The conference highlighted the fact that because of cross-border movement and similar meteorological conditions, malaria could be combated only if all nations in the region worked together.

It was clear from the conference that fighting malaria would remain a formidable task. Scientists explained problems experienced with vaccine trials and there were reports of increasing drug resistance.

Much progress had been made on a programme established in November to map the distribution of malaria risk through the region, and how new methods of predicting malaria epidemics using climate forecasting were debated.

Researchers said malaria had for too long been a neglected disease.

In SA there were almost 30,000 cases of malaria and 188 deaths last year. Zimbabwe recorded over 1.2 million infections and more than 6,000 deaths, while tests of Mozambicans crossing into SA showed 72% were infected.
Drug resistance complicates bid to stop march of malaria
MONICA MAZIBUKO, a beautiful young woman with a shy smile, sits knitting in a patch of sunshine next to her hospital bed. Though she doesn't appear sick, she has been a virtual prisoner in this hospital and denied any contact with the outside world. Her letters would have been passed through an autoclave. At her death, she would have been buried in a lead coffin.

Mazibuko is a leper.

The mention of leprosy evokes biblical images of disfigurement and exclusion, not the affections of a woman like Mazibuko, a 29-year-old waitress from Mpumalanga.

The first bacterium ever identified is by no means dead. There are an estimated two million lepers in the world. According to the World Health Organisation (WHO), leprosy is "an insidious, slowly developing disease", which still flourishes in the globe's poorest belts.

Leprosy lore is rife with myths. To answer a few: leprosy is not a skin disease, it's not very contagious, it will not make limbs fall off and, most importantly, it's curable.

In basic lay terms, leprosy is a bacillus, which is free on the human nervous system. It spreads like a cold, but a cold that takes three to five years for the symptoms to show up. As it attacks the nerves, the sufferer gradually loses sensation. First one would just feel a few numb patches on the arms or the face. Treated with two, multiple-drug therapy cocktail, it's easily and cheaply curable in about six months.

Left alone, however, the patient's immune system responds to the bug and causes irreparable nerve damage. The first symptoms are skin lesions and numb patches. As sufferers completely lose sensation, their faces become flattened, eyes don't blink and they can eventually go blind. Hands and feet curl into gnarled claws and become senseless. Since they feel no pain, they unknowingly and constantly injure themselves. Their bones fracture microscopically and fragment over many years. Bit by bit, battered and broken fingers and toes are "re-absorbed" into the body, giving the impression that they have fallen off.

Lepers, using railway vouchers issued to them by health services, make the trek from all over the country to the West Fort Hospital leprosy clinic outside Pretoria where Mazibuko is a patient. Dr Marié Beyers, the clinic's only doctor, lives on the grounds of the Victorian-era hospital where she has worked for seven years.

She points out a wheelchair-bound old man, his nose and facial features sunken into his face, and much of his legs missing. She takes a sturdy but useless arm and runs her fingers along it.

"That's actually his finger nail. His body has re-absorbed his fingers."

The leprosy clinic will close next month as part of the government's plan to decentralise the health-care system. The 125-year-old hospital is outdated, both physically and in its way of treating people, the Health Department says.

The "ostrich" mentality of a bygone era when lepers were locked away from the rest of society is no longer tenable, says Dr Adrian Myburgh, a representative of the Gauteng Department of Health.

"You take all the lepers out of community and hide them behind big walls and say we don't have a problem with leprosy."

Not everyone exposed to the disease will become lepers: it is impossible to contract leprosy without a genetically determined immune deficiency. "Most people are completely unaware of the fact that it's not very contagious," says Myburgh. Many nurses being trained to treat the disease in community clinics said their knowledge of it came from what they had read in the Bible.

Leprosy cases have been declining in South Africa, but officials expect a slight increase as immigrants from neighbouring countries plagued by war and instability such as Zaire and Mozambique bring it with them across the borders. These countries are among the 10 that have the most cases of leprosy internationally.

Though it's now scientifically possible, complete eradication of one of the world's most ancient diseases is not likely any time soon. According to a WHO report on leprosy, the disease is not a priority. AIDS, other more deadly tropical diseases, poor health infrastructure, wars and social instability "make leprosy elimination seem like a luxury, an impracticable one at that."

Tune into S4Fm's programme Futurewatch for more news from the world of science and technology on Mondays at 8pm on 104-107FM
Campaign stepped up against a silent killer

South Africa is a high-risk country for hepatitis B, a chronic liver disease more easily spread than AIDS.

PHOTO BY BERTRAND SLAUGHTER
Experts examine impact of drinking in pregnancy

Alcohol syndrome study to focus on rural Cape kids

We have found that most mothers in the region of the cerebral cortex of the syndrome

A study conducted on children unborn in the social condition of a mother under

The two main factors that cause alcoholism are also very

He said the situations were also very

The American, which is more than the

We found that most mothers in the

Experts examine impact of drinking in pregnancy

Alcohol syndrome study to focus on rural Cape kids
Two liters of wine a week, but Judith's a proud mum.
### North Agricultural Sector

In 1996 a total of 103,970 jobs were lost during the first quarter of 1997, 41,940 jobs were lost in the manufacturing sector.

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<th>Year</th>
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<th>Total Non-Agricultural</th>
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<td>189,717</td>
<td>194,447</td>
<td>44,801</td>
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<td>1997 Apr</td>
<td>183,396</td>
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<td>1997 May</td>
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### Employment by Sector

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<tr>
<td>Total</td>
<td>191,398</td>
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### Note

- A plus sign (+) indicates the number of jobs lost.
- A minus sign (-) indicates the number of jobs created.

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<td>26,801</td>
<td>190,311</td>
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<td>160,999</td>
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<td>1994 May</td>
<td>158,488</td>
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### Cases of Refusal

- 20 cases of refusals for non-payment of wages, 3 cases of refusals for non-payment of sick leave, 1 case of refusaion for non-payment of holidays, 2 cases of refusals for non-payment of insurance contributions, and 1 case of refusal for non-payment of personal expenses.

### Statement of the Minister of Health

"The Minister of Health, Mr. F. J. F. DE VENTE, Home Affairs"
### The Minister of Health

**Note:**

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**Data:**

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QUESTIONS

Indicates translated version.

For written reply:

Public health institutions: shortages of staff/equipment

435. Mr J Lelliott asked the Minister of Health:

(1) Whether any public health institutions are currently experiencing shortages of (a) staff and/or (b) equipment; if so, what are the relevant details in each case;

(2) whether any steps have been or are being taken to make up these shortages; if not, why not; if so, (a) what steps in each case and (b) when is it anticipated that these shortages will be made up? N715E

The MINISTER OF HEALTH:

The hon. member is advised to table the question in the Provincial Legislatures for a reliable answer.

Deaths from breast cancer/prostate cancer

476. Mr K M Andrews asked the Minister of Health:

(a) How many (i) women die from breast cancer and (ii) men from prostate cancer in South Africa each year and (b) what amount is spent by the Government each year on research into (i) breast and (ii) prostate cancer? N814E

The MINISTER OF HEALTH:

The most recent statistics available (published August 1997) with regard to the abovementioned cancer types are for 1992.

(a) (i) 1 232 women died from breast cancer in 1992.


Source: Cancer in South Africa, 1992 (Published in 1997 by the National Cancer Registry).

(b) The Government partially funded the National Cancer Registry to the amount of approximately R260 000 (1996/97), and R266 000 (1997/98) for surveillance of all cancer types.

An additional R100 000 was allocated to the Cancer Registry in July 1997 to overcome the backlog in data entry and enable the Registry to have more current data available by early 1998.

The amount spent by the Government specifically on prostate and breast cancers is not available.

Most wanted criminals: court appearances/bail

980. Mr A J Leon asked the Minister for Safety and Security:

(1) (a) How many of the 10 000 most wanted criminals identified during the "Sword and Shield" campaign had appeared in court as at the latest specified date for which information is available and (b) how many of these persons have (i) been granted bail, (ii) failed to appear in court on the appointed date following their release on bail and (iii) been convicted;

(2) whether his Department has communicated with the Department of Correctional Services in regard to special security measures for these persons: if not, why not; if so, what are the relevant details?

The MINISTER FOR SAFETY AND SECURITY:

(1) (a) Unfortunately this information is not readily available. To obtain this specified information, faxes will have to be sent to all police stations countrywide, thereby placing an extra burden on limited manpower and financial resources. Members will in such a case have to be withdrawn from other essential duties and specially allocated to the time consuming and labour intensive process of persuading case dockets and registers.

(b) (i), (ii) and (iii) See (1) (a) above.

(2) Yes. On 1996-06-19 a directive was sent to all Provincial Commissioners whereby all Area Commissioners and Station Commissioners were instructed, as a matter of urgency, to take the necessary steps to liaise with the Department of Correctional Services in their respective areas of responsibility.
Zakhe Project offers new hope to SA’s three million diabetes victims

By Priscilla Singh
Health Reporter

The treatment and monitoring of diabetes has received a major breakthrough with the donation of blood sugar testing strips and other equipment worth R400 000 from a German-based manufacturer.

Boehringer Mannheim (BMZA) has adapted a World Health Organisation programme to suit South African conditions. Called the Zakhe Project which means “self-development”, it contributes to the management of the disease in the country.

Diabetes is growing at a frightening rate according to the South African Diabetes Association (Sada) and it is estimated there are more than one million diagnosed diabetics, and alarmingly a further one to two million undiagnosed.

Incidence among whites is estimated to be about 4%, among blacks 8-10% and rising, and Indians from 18-23%.

The Zakhe Project is run all over the country, but the donation will be distributed to eight clinics in KwaZulu Natal. Zakhe is run jointly with the Independent Development Trust, BMZA and Sada.

Diabetes is different from other chronic ailments, in that the sufferer plays a role in the management of his condition.

Sada spokesman Sue Leuner said that if well-informed and motivated, a diabetic could learn to balance his diet, medication and exercise and could live a full, healthy life.

If uncontrolled, diabetes can lead to severe health complications such as blindness, amputations, heart attacks, strokes and kidney failure.

The Zakhe Project was developed for type 2 diabetics who constitute 90% of sufferers in the country. Type 2 diabetics do not depend on insulin and many can control their sugar levels with diet and exercise.

Zakhe is taught using 24 large flip charts in four two-hour sessions, over a four-week period to small groups of people.

BMZA nurse educators, Karen Denton and Nana Masike have been teaching instructors at clinics country-wide. "Managing diabetes is a balancing between food intake, which puts sugar into blood, exercise and medication which reduce sugar levels. Diabetics need to have an understanding of this process," said Leuner.
Parliament should stay in Cape Town, says DP

Linda Ensor

CAPE TOWN — A national referendum should be held if MPs, voting with a free vote, decided that Parliament should be relocated to Gauteng, the provincial congress of the Democratic Party decided on the weekend.

The party noted the undesirability of all national institutions being situated in one province that accounted for about half of gross domestic product, and resolved that Parliament should remain in Cape Town.

In his speech, re-elected provincial leader Henkie Bester attacked the increasing lawlessness of People Against Gangsterism and Drugs (Pagad), which he said posed a serious threat to public order in the Western Cape.

The organisation had been responsible for 71 attacks on homes of alleged drug dealers. Of the 60 people arrested, only three had been convicted while 30 cases had been withdrawn — a seriously bad record, Bester said.

He called for a High Court judge to head a multidisciplinary team to focus on prosecutions relating to Pagad and gang-related crime. He said the creation of a metropolitan police force would give fresh impetus to dealing with the gangs on the Cape Flats.

Union federation Cosatu was criticised for inhibiting job creation and transformation of the public service. Affirmative action in the Western Cape was attacked for excluding coloureds.

DP leader Tony Leon highlighted the danger of single party dominance. "Democracy has not been consolidated here; intolerance is endemic over wide areas of the country; and a democratic culture has yet to take root."

There are signs that two of the larger opposition political parties are beginning to break up ... South Africans who value democratic government must be concerned at the decay of opposition parties," he said.

Malaria campaign to use new drug

Business Day Reporter

A NEW malaria treatment available in SA will be the focus of a massive free malaria treatment programme that gets under way in East Africa next month as part of a global awareness campaign to stop the spread of malaria over the next 10 years.

One million treatments of Malarone, which has proved 98.5% effective in treating malaria, will be handed out to malaria patients who have failed to respond to conventional treatments, a spokesman for drug manufacturer GlaxoWellcome said.

The Malarone donation programme is being co-ordinated by the US-based task force for child survival and development in conjunction with the World Health Organisation. Similar projects are expected to be set up in Vietnam and Brazil over the next year.

To prevent resistance to the product developing too rapidly, it was being administered only at a last resort when other drugs had failed and was therefore not available as a prophylactic.
More black people getting diabetes

By Mokgadi Pela

The myth that diabetes afflicts only white people has been shattered by the growing number of black South Africans being diagnosed with this disease, dubbed the silent killer.

According to statistics, an estimated four percent of whites in South Africa are diabetic. Diabetes afflicts between five and eight percent of blacks; between eight and 10 percent of coloureds; and 13 to 18 percent of Indians.

These figures confirm an announcement two years ago by the International Diabetes Foundation (IDF) that the world is facing "an explosion of diabetes".

According to the IDF, the number of people with diabetes is expected to double in the next 15 years. In Africa it is expected to triple.

Experts say diabetes affects between three and five percent of people living in the Western world. In South Africa there are more than three million diabetics.

Dr Dinky Levitt of the endocrine unit at Cape Town's Groote Schuur Hospital said: "There are many reasons for the increase in diabetes, chief of which are urbanisation with its attendant changes in lifestyle, different eating habits, increased obesity, less physical activity and increased stress."

Professor Harry Schiff of the University of the Witwatersrand's medical school was more blunt: "Diabetes is a direct result of a Western death-style."

Many will agree with Levitt and Schiff that westernisation has caused more black people to adopt lifestyles foreign to them. This has had adverse consequences.

It is a lesson which cannot be ignored, considering the huge numbers of black people already suffering from diabetes.

Medical researchers agree diabetes is a fatal disease, but that with proper information, support and management it can be either avoided or managed.

If undiagnosed, diabetes (for sugar sickness as it is known in the towns) causes irreparable damage. It has been ranked as the third most frequent cause of death after heart ailments and cancer.

Experts say if undiagnosed, diabetes leads to kidney failure, heart failure and blindness.

Association urges early diagnosis so that disease can be managed

Limbs may even have to be amputated because of irreparable damage. Among the known symptoms of diabetes are frequent urination, excessive thirst, excessive hunger, weight loss or weight gain, fatigue and weakness, blurred vision, tingling and numbness in the hands and feet, skin infections, the slow healing of cuts and itching.

South Africans have to learn more about this ailment during International Diabetes Awareness Week from November 9 to 15.

The South African Diabetes Association (SADA) serves through effective education and public awareness campaigns diabetes can look forward to a healthy life.

Only 10 percent of diagnosed diabetics are likely to be dependent on insulin daily.

Most can control their condition through correct eating, exercise and various medications.

SADA has called on people to be tested for diabetes as early detection can help in managing the disease.

What is diabetes?

DIABETES is a disorder in which the body is unable to control the amount of sugar in the blood because the mechanism which converts sugar to energy no longer functions properly.

How does it develop?

- If the insulin in the blood sugar is not converted to energy, the amount of sugar in the blood builds up and spills into the urine.
- In an attempt to compensate for the lack of energy, the liver produces much more sugar than normal.

Types of diabetes:

- Insulin-dependent diabetes — also known as Type 1 diabetes or juvenile diabetes.
- Non-insulin dependent diabetes — also known as maturity onset diabetes or Type 2 diabetes.

Causes of diabetes:

- Diseases of the pancreas;
- Accidents or illnesses;
- Some drugs can increase blood sugar levels and may reveal pre-existing diabetes.

- The eye condition called diabetic retinopathy.

Onset of symptoms and their severity:

- Thirst and a dry mouth;
- Passing large amounts of urine;
- Weight loss;
- Fatigue and weakness;
- Tingling of the genital and hand;
- Blurred vision.

Treatment:

- Insulin and diet — for insulin-dependent diabetes;
- Diet only or diet and tablets — for non-insulin dependent diabetes.

Toll-free numbers for information: 0800-117-575 or 0800-121-555.

Katlelhong diabetic tells all

By Mokgadi Pela

AFTER being diagnosed as a diabetic, Katlelhong pensioner Salamnush Mothiane spoke of the dramatic adjustments to her lifestyle and eating habits she had to make to survive.

Mothiane (65) is among three million South Africans who suffer from diabetes.

Her encouraging story comes against the background of the toll the disease has exacted on its victims.

"I have had to watch what I eat since my doctor told me I suffer from sugar disease. This came after I experienced a slow burning of a cut I sustained on my foot earlier this year. I have been diagnosed as a diabetic this year.

"After undergoing a few tests at Natalruait Hospital, I was informed that I have diabetes! Mothiane, of 304 Mofonati Section in Katlehong on the East Rand, told Sowetan.

Mothiane, who is the mother of three sons, Botlhoko, Ntchume and Lekborg, now goes for a regular medical check-up. "This is the only way I can ensure that I'm still in top condition," she said.

Mothiane said diabetes should follow their doctors' advice so that their "days on earth can multiply."

"I'm convinced that if we do the right thing, we'll reap the fruits of our efforts and avoid the tragic consequences," she said.

To those who are not diabetic, or who are unaware that they might be, Mothiane said: "Go for a check-up now. Tomorrow may be too late."

She reiterated the long-held belief of the South African Diabetes Association: "If recognised early enough, diabetes can be managed. Diabetes can lead normal, healthy lives."
Diabetes: the silent disease that threatens millions who don't even know that they have it.
Call for insulin to be made accessible to all diabetics in SA

BY JANINE SIMON

Insulin, the life-saving drug for diabetics, is not freely available at clinics, nor easily available at subsidized rates for private patients whose medical aids have run out.

Speaking to highlight World Diabetes Day today, Earl Bell, who co-chairs the International Diabetes Federation's insulin task force, said all diabetics should have access to the drug at cost price.

There is a chronic lack of access to insulin, despite the fact that it is deemed an essential drug by the World Health Organisation and should be universally available, he said.

Bell, the first lay South African to sit on the management board of the IDF, said insulin is included on South Africa's Essential Drugs List, but most diabetics still obtain their drugs from secondary hospitals rather than clinics.

In South Africa, up to 4% of whites, 8% of blacks, 10% of coloureds and 10% of Indians are diabetic.

According to the IDF, diabetes is now ranked as the third most frequent cause of death after cardiovascular disease and cancer in urbanised communities. The number of sufferers is expected to double worldwide in the next 15 years, and to triple in Africa.

Contact the Diabetes Association of South Africa at (011) 788-4595.
200 die from asthma each year in W Cape – are you breathing easily?
Rural areas on alert for cholera outbreak

KwaZulu Natal, Mpumalanga and Northern Province seen as high-risk areas, after scores of deaths in Mozambique

BY PRISCILLA SINGH
AND ANISO THOM

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less precautionary measures are taken, South Africa's rural areas could experience a cholera outbreak similar to that in neighbouring Mozambique, where at least 120 people have died, the Department of Health has warned.

Cholera has infected at least 2 700 people in various parts of Mozambique and its capital Maputo.

The department said it was leaving nothing to chance, but that no special measures were being implemented at ports of entry into SA as it was impossible to detect the disease or prevent cholera-infected people from entering the country.

Dr Neil Cameron, national director of communicable disease control, said that with conditions as they were in northern KwaZulu Natal, Mpumalanga and Northern Province, "we can expect cholera in the country".

The department has sent a cholera alert to the three provinces and a request to report any cases immediately.

Cameron said the oral vaccine provided only about 60-80% protection and did not stop the spread of the organism.

According to the department's guideline document, vaccination was not recommended because vaccines currently available do not help in controlling cholera.

In Mpumalanga, communicable disease control consultant Dr Dave Durheim said: "In the most high-risk area, east of Nelspruit, the environmental health team have embarked on a media campaign to inform local communities on how to make water as safe as possible by providing basic hygiene messages and warning them of the threat of cholera," he said.

The British Airways Travel Clinic in SA has run out of the vaccine for the disease because of the unusually high number of requests for the vaccine from tourists and locals since cholera broke out in Mozambique two months ago. Unconfirmed reports also said there was a shortage of intravenous fluids in Maputo.

Travel clinic spokesmen Dr Andrew Jamieson joined the department in telling people to be careful of what they eat and drink and how it is prepared.
Gauteng plans to halt cholera

By Makgadikgadi

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